



## Credit Card Authorization Form

675 Numidia Dr. Catawissa, Pa 17820 • (570) 799-5118  
http://springbrookfamilycampground.com

Schedule your payment to be charged to your Visa, MasterCard, or Discover Card. Just complete and sign this form to get started! By signing this form you give us "**Springbrook Campground**" permission to debit your account for the amount that is currently due. This authorization will remain in effect for the \_\_\_\_\_ camping season or otherwise cancelled by the card owner request. The charge will appear on your bank statement as "**Springbrook Campground.**" You agree that no prior-notification will be provided.

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### Please complete the information below:

I \_\_\_\_\_ authorize **Springbrook Campground** to charge my credit card in the amount that is currently due.  
*(Cardholder Full Name) (Please Print)*

I understand that if the payment transaction has failed for **insufficient funds** you will be charged a \$25.00 fee. This also will result in the termination of this agreement of your card on file. You will have to re-submit a new agreement to have your credit card charged again.

Primary Credit Card	Secondary Credit Card (OPTIONAL)
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Cardholder Name: _____	Cardholder Name _____
Account Number: _____	Account Number _____
Exp. Date: _____	Exp. Date _____
CVV _____ <i>(3-4 digit number on back of card)</i>	CVV _____ <i>(3-4 digit number on back of card)</i>

I authorize Springbrook Campground to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the end of the camping season or until I cancel it. I understand that the payments may be executed on the next business day. This payment authorization is for the services indicated above. I certify that I am an authorized user of this credit card. I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_