

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting the DSROA Office Administrator at (435) 644-3007 or dsroa@deerspringsranch.org.
This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: Master Card VISA Discover AMEX Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVC # (back of card) _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Deer Springs Ranch Owners Association, to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. Please note – credit card transactions incur a \$1.50 convenience fee for processing.

Customer Signature

Date

Lot #