



DIRECT CREDIT/DEBIT CARD AUTHORIZATION
2019-2020 Season Pass Payment Plan
Spring Sale

I hereby authorize Mt. Ashland to initiate credit/debit card charges from the account named below:

Name of purchaser (as it appears on the credit/debit card): _____

Billing Address: _____ Street or PO Box Email Address: _____ please print legibly

Primary Phone: _____ City, State, Zip Code

Payment options: [] Visa [] MasterCard [] Discover [] American Express

Account Number: _____ Expiration Date: _____

[] I have had a Pass Payment Plan before

Names of passes being charged to this account:

For office use only
Total amount to be paid: _____
Monthly payment amount: _____

Five (5) equal payments will be charged to this account. The first payment is due at the time of purchase during the pass sale, with the remaining four payments charged to this account on the fifteenth (15th) day of each month (May, June, July and August).

I agree that I will have sufficient available funds in my account to cover the amount of the Direct Credit/Debit payment on the date the funds are transmitted. This authority is to remain in effect until Mt. Ashland has received written notification from me of its change or cancellation. Revocation of this Direct Credit/Debit account must be received by Mt. Ashland at least 5 days prior to the next payment date. I further agree that if any such payment is dishonored (declined), whether with or without cause, and whether intentionally or inadvertently, Mt. Ashland shall be under no liability whatsoever even though such dishonor results in penalties, late payment fees, losses, or damages to me.

A late fee of \$10.00 may be added by Mt. Ashland to the cardholder's payment if the card on file is dishonored for any reason.

This account must be paid in full before issuance of the season pass(es). If the account is not paid in full within 30 days of the scheduled final payment date, 25% of the remaining balance will be charged to the account as a late fee.

I agree that no refunds will be made for partial payment of this account. If, for any reason whatsoever, I default on paying the total amount agreed upon, all previous payments will be forfeited to Mt. Ashland.

Authorized Signature

Date