



Recurring Credit Card Charge Authorization Form

I authorize PCPA Theaterfest to charge the credit card indicated in this authorization form according to the terms outlined below. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify PCPA Theaterfest in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for payment of the PCPA Membership monthly payment. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

(Name - PLEASE PRINT AS APPEARS ON CARD)

(Address - PLEASE PRINT)

(Phone Number - PLEASE PRINT)

(Email - PLEASE PRINT)

Please circle one: Visa / MasterCard / Discover

Account Number: _____

Expiration Date: _____

3 Digit CID # from back of the card: _____

Monthly Payment Schedule – Please Check one Membership Plan:

1 Member - \$20 2 Members - \$40 3 Members - \$60 4 Members - \$80

Payments will be charged to your credit card as follows:

- on the 15th of each month if membership begins between the 1st and the 15th.
- on the 1st of each month if membership begins between the 16th and the end of the month.

(Signature)

(Effective Date)

Please mail to:

PCPA Theaterfest, Attn: Box Office, 800 S. College Dr., Santa Maria CA 93454

You may FAX, drop off at box office or scan and e-mail the Signed Authorization

Phone: (805) 922-8313 * Fax (805) 922-3074 * email: boxoffice@pcpa.org * website: www.pcpa.org

Box Office Use Only: _____

Patron #

Date Received

CSR

_____/_____/_____
Recurring Charge Start Date