



10 Village Center Drive
Reading, PA 19607
Phone: 610-775-3351
Fax: 610-775-4410

Check One: New Enrollment
 Update Information

Check One: Visa
 MasterCard
 Discover

Recurring Payment Authorization

I hereby authorize Flying Hills Trust to charge \$_____ on the first of every month, starting on the first day of _____ (month/year) and continuing for unlimited cycles.

Flying Hills Trust shall give a written notice of any increases that may affect the amount of this recurring charge.

It is the responsibility of the cardholder to notify the office of any changes to the card ie: updated expiration date, new CVV code, change of name or any other unexpected changes that might affect the processing of the card.

**** If a transaction is declined, a \$40.00 rejection fee will be assessed ****

Cardholder Name: _____

Account Code: _____

Property Address: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____

E-mail Address: _____

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

This authorization is to remain in full force and effect until Flying Hills Trust has received a written notification from me of its termination.

Customer Signature

Date