



# **Pre-Authorized Payments (Camp)**

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## **1. Cardholder Information** (Please print clearly)

Campers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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## **2. Services**

Camp Sessions     Extended Care     Helmet Rental

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## **3. Payment Options**

Visa     Mastercard     Discovery

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## **4. Credit Card Information**

Credit card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry: \_\_\_\_ / \_\_\_\_    CSV code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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### **POLICIES AND CONDITIONS**

Camp payments are due upon registration.

In this authorization, "you" and "your" refer to each holder of the Pre-Authorized account who signs this form. You authorize us to debit your account for all amounts owed to us under the Pickering Horse Centre Ltd. for the payment amount indicated under the Payment Options on this form. You have read, understand and agree to the terms of the Pre-Authorized Payment Agreement.

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date (Month/Day/Year)