



Pre-Authorized Payments (Camp)

1. Cardholder Information (Please print clearly)

Campers Name: _____

Address: _____

Telephone Number: _____ Email: _____

2. Services

Camp Sessions Extended Care Helmet Rental

3. Payment Options

Visa Mastercard Discovery

4. Credit Card Information

Credit card # _____ - _____ - _____ - _____

Expiry: ____ / ____ CSV code: _____

Name as it appears on card: _____

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)