

HUBBARD HALL PROJECTS, INC. 25 EAST MAIN STREET CAMBRIDGE, NY 12816

518-677-2495 [www.hubbardhall.org](http://www.hubbardhall.org)

## Recurring Charge Authorization Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Mailing Address if different \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Student:
Class Information:
Class Tuition \$

MasterCard  Visa

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

I hereby authorize Hubbard Hall Projects, Inc. to charge my credit card with # \_\_\_\_\_ monthly charges of \$ \_\_\_\_\_ on the following dates:

Please note a service fee of \$2 per payment to a maximum of \$10 per term will be charged.

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I guarantee and warrant that I am the legal cardholder of this credit card, and that I am legally authorized to enter into this recurring billing agreement with Hubbard Hall Projects, Inc.

REQUEST TO TERMINATE AUTHORIZATION OR RECURRING BILLING MUST BE MADE IN WRITING 30 DAYS PRIOR TO THE NEXT SCHEDULED PAYMENT.

\_\_\_\_\_  
Cardholder's Authorized Signature

\_\_\_\_\_  
Date