



AUTO PAY FORM

Student's Name	Cardholder's name
Address	
City, State Zip	
Phone Number(s)	

CREDIT CARD/DEBIT AUTHORIZATION

I hereby authorize Circle Lake Ranch, Inc. to debit my credit card for payments owed to Circle Lake Ranch, Inc.. This authorization is to remain in full force and in effect until Circle Lake Ranch, Inc. receives written notification from me of termination. Termination notification is due 5 days before the beginning of the next month.

Name (listed on credit/debit card)	
Billing Address (credit/debit card billing address)	
City, State Zip	
Card Type	Card Number
Expiration Month	Expiration Year
Authorization code/CW Code	
Sign Here	Start Date

Circle Lake Ranch, Inc. will debit your Credit/Debit card for your monthly payment on the first of each month. If your card fails to authorize, you must directly remit payment to Circle Lake Ranch, Inc. to satisfy any balance owed.

PLEASE COMPLETE AND RETURN THIS FORM TO:
FAX: 281.395.4334 (This is a secure fax in the owner's home)
Or you may fold and place in the check box in the camphouse.
Circle Lake Ranch, Inc., 1102 Circle Lake Dr., Katy, TX 77494
Email: Layne@circlelakeranch.com Website: circlelakeranch.com