



Kelab Golf Perkhidmatan Awam Malaysia

RECURRING PAYMENT AUTHORIZATION FORM

VISA

MASTER CARD

Name of Principal Card Holder

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Credit Card Number

Billing Address:

Credit Card Expiry Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>MM</i>		<i>YY</i>	

Signature of Card Holder

I authorize *Kelab Golf Perkhidmatan Awam Malaysia* to automatically bill my credit cards listed above on a monthly basis for all outstanding amounts recorded in my respective monthly statement. "Auto debit effective till subsequent cancelation from card holder".

Name

Signature

Membership No:

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Date:

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Please be advised, debiting of members' Visa or Master Card Account will only take effect in the month following the date of submission of the Recurring Payment Authorization Form.

FOR OFFICE USE ONLY

Data Entry By: _____	Checked By: _____	Approved By: _____
Date: _____	Date: _____	Date: _____