

ROLLING HILLS FARM AND EQUINE LLC.

386 TAIGA LANE, CAPE GIRARDEAU, MISSOURI 63701

Monthly Recurring Credit/Debit Card Payment Agreement

Authorization Agreement

I hereby authorize Rolling Hills Farm and Equine, LLC to process my monthly electric bill on my credit/debit card.

It will be my responsibility to make sure the credit/debit card information is kept updated.

Further, I agree not to hold Rolling Hills Farm and Equine, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me.

This agreement will remain in effect until Rolling Hills Farm and Equine, LLC receives notification either in writing or verbally stated, to discontinue.

Account Information

Please circle the card type: Visa Mastercard Discover

Card Number: _____

Expiration Date: ____/____

Three Digit Security Code: _____ (located on back of card)

Cardholder's Name: _____
(as it appears on the card)

Billing Zip Code: _____

I understand that my card will be debited on or around the _____ of each month.

Cardholder Signature: _____
Authorized signature

Date: _____