



High Vista Amenity Association  
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### MONTHLY RECURRING CREDIT CARD AUTO-DEBIT AUTHORIZATION FORM

This information is confidential and will only be kept by High Vista Amenity Association Accounting Department.

MEMBER NAME: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_  
CARD TYPE (Choose One):     MasterCard     Visa     Discover     Amex  
CREDIT CARD NUMBER: \_\_\_\_\_  
SECURITY CODE: \_\_\_\_\_  
EXPIRATION DATE: (Month/Year): \_\_\_\_\_  
BILLING ZIP CODE FOR CARD: \_\_\_\_\_

I, \_\_\_\_\_ (Print Member Name), authorize High Vista Amenity Association to automatically charge my credit card for the monthly (dues) charges.

AUTHORIZATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please print the form, sign, and submit it to the High Vista Amenity Association Accounting office.*