



12 Pinecone Lane
 Commack, NY 11725
 Phone: 631-670-6433

email: info@commackcommunityassociation.org

Commack Community Association

Membership Form

Date _____

Name #1	First _____ Last _____
Name #2 (Put additional names on back of form if needed)	Email _____
	First _____ Last _____
	Email _____
Billing Address	Street _____ City, ST, Zip _____
Telephone (optional)	Home _____ Cell _____
Annual Membership (Check One)	Single (\$15) ____ Family (\$20) ____ Senior 65+ (\$10) ____ Trial - (3 months free) ____

Please make checks payable to: **Commack Community Association** and send with completed form to:
 Treasurer Maureen Veprek - 11 Terry Lane - Commack, NY 11725

Credit Card Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under **\$25**. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ (full name) authorize the **Commack Community Association** to charge my credit card indicated below annually for payment of my membership fee. I understand that I will only receive advance notice of the charge if it exceeds **\$25**

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ Billing Address Same as Above Y__ N__ (Print on Back of Form)

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) ____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.