



AUTHORIZATION for MONTHLY RECURRING CREDIT CARD PAYMENT

I authorize LAKE CONNECTIONS to initiate a monthly recurring payment to my credit card. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it.

This authorization is for the full payment due each month. I understand entries to my account will occur on the 10th of each month.

_____ Type of Card (select one):
 Lake Connections Account Number

Card Number _____ Exp _____ CVV # Last 3 digits on back of card _____

Billing Address _____ City _____ State _____ Zip _____

Print Name _____ Signature _____

RETAIN FOR YOUR RECORDS

On _____ (DATE) I authorized
LAKE CONNECTIONS 409 17th Avenue, Two Harbors, MN (218) 834-8500
 to initiate payment to my credit card and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

This authorization is for the full payment due each month. I understand entries to my account will occur on the 10th of each month.