

Authorization for Credit Card Use for the purpose of annual fees

COMPLETE THIS AUTHORIZATION FORM AND ATTACH A COPY OF IDENTIFICATION SO WE CAN PROCESS PAYMENT.

RETURN IN PERSON OR MAIL IN. EMAIL AND FAX WILL NOT BE ACCEPTED

All information will remain confidential and will be destroyed after payment is processed.

Name on Card: _____

Residents Tuscany Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ AMEX

Credit Card Number: _____

Expiration Date: _____

Amount to Charge: \$ _____ (CAN)

I authorize the Tuscany Residents Association to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

*Tuscany Residents Association
212 Tuscany Way NW
Calgary, AB T3L 2J6
Phone 403 241-6402
Fax 403 241-6441*

LETTER OF CONSENT TO RECEIVE REMINDERS/NOTIFICATIONS VIA ELECTRONIC FORM

I / We hereby request to receive my/our monthly account balance reminders via text message or email statements/notifications that may be made available to me/us by Tuscany Residents Association in relation to the collection of the yearly fees via any of the following email address(s) or cell phone number(s) stated below with immediate effect.

If you have moved out of the community, want to remove your self from the notifications or have changed your contact information you must submit your request in written form to the Tuscany Residents Association administration office to information@tuscanyclub.ca

Residents Name: _____

Residents Address: _____ Postal Code _____

Residents Cell Phone Provider: _____ (ie. Telus, Rogers, Bell) (without the provider we cannot process request)
(MUST PROVIDE)

Cell Number(s) for text messaging:

(1) (_____) _____

(2) (_____) _____

Email Address(s):

(1) _____

(2) _____

Residents Signature

Date