# G44 Centre for Contemporary Photography

## Gallery 44 Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa or MasterCard. Just complete and sign this form to get started!

**Here's How Recurring Payments Work:**
You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I _____ authorize Gallery 44 to charge my credit card indicated below for any amount on or after the 1st of each Month for payment of my balance due.

| Billing Address | Street | |
| --- | --- | --- |
| | | |
| | City | |
| | Province | |
| | Postal Code | |
| Phone Number | | |
| Email | | |
| Credit Card | | ☐ Visa ☐ MasterCard |
| Cardholder Name | | |
| Account Number (last 4 Digits) | | |
| Expiry Date | | |
| CVV | | |

I understand that this authorization will remain in effect until I cancel it in writing, by email, in person or over the phone, and I agree to notify Gallery 44 in writing, by email, in person or over the phone of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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 (Tuesday). In the case of a transaction being rejected for Non Sufficient Funds (NSF) I understand that Gallery 44 may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Canadian law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: _____  DATE: _____