



Dive Georgia, LLC

168 Towne Lake Parkway • Woodstock, Georgia 30188 • 404-285-8600

Deposit & Credit Card Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize the deposit and sales tax to be billed immediately and regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged the deposit amount indicated below immediately plus 6% sales tax for the entire trip amount. Further, you agree that each billing period you will be charged a payment as indicated in the payment section below. A receipt will be emailed to you for each charge and it will appear on your account statement. 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 5 days prior to the payment being collected. **ALL CHARGES WILL OCCUR ON THE FIRST OF EACH MONTH! Any changes will incur a change fee of \$25. – Charges for product: Product will be released to purchaser after final payment is processed and received by Dive Georgia.**

Please complete the information below:

I _____ authorize Dive Georgia, LLC to charge my credit card indicated below:
(print full name)

☐ \$ _____ and \$ _____ immediately
(Deposit Amount) (Sales tax of 6% for entire purchase)

AND

☐ \$ _____ on the first of each month starting _____.
(Payment amount to be collected the first of each month) (Month)

The payment is for the following: _____
(Description of items covered by this payment agreement)

Totaling \$ _____.
(Enter total for full purchase)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV: _____

I authorize Dive Georgia, LLC to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I pay the total amount in full or 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 30 days prior to the next billing date or pay the balance of the purchase in full. 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. This payment authorization is only for the amount and bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form. **If at any time during the contract your credit card is declined for any reason, you authorize us to charge the trip in full. If you do not fulfill full payment of the outstanding balance of the trip, you forfeit all deposits made, all payments made, and will be removed from the trip. Dive Georgia reserves the right to offer you one opportunity to change your card and remain on the zero interest payment plan, at their sole discretion.**

I further understand that any payments made under this agreement shall be nonrefundable and should I cancel/terminate this agreement prior to full payment, I will NOT be entitled to a refund of any portion of the previous paid monies. Further, if I cancel or terminate this agreement, I understand that I will be charged a cancellation fee equal to one additional payment or \$250, whichever is less.

SIGNATURE _____

DATE _____