
Recurring Credit Card Charge Authorization Form

I (we) hereby authorize **Grand Marina** to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until **Grand Marina** is notified by me (us) in writing to cancel it in such time as to afford **Grand Marina** and Credit Card Company a reasonable opportunity to act on it.

NAME AS APPEARS ON CARD

BILLING ADDRESS

PHONE NUMBER

EMAIL

*If a payment is declined by your financial institution you will be notified via email and phone and will be expected to provide an alternate payment by the 10th of the month. Non-payment will result in a \$20 late fee.

(Signature)

(Effective Date)

Please return to:

Grand Marina
2099 Grand St.
Alameda, Ca. 94501

Phone: (510) 865-1200
Fax: (510) 865-1240
www.grandmarina.com
marina@grandmarina.com

Please circle one: Visa / MasterCard / Discover / AMEX

CARD NUMBER: _____

Expiration Date: _____

Note: Automatic payments will be deducted between the 1st and 3rd of the month.