



Credit/Debit Card Authorization

I, _____, authorize WNC Resort Properties,
LLC Please Print

to charge my credit/debit card.

Type of Card: ____ Visa ____ MasterCard ____ Discover ____
Amex

Credit/Debit Card Number: _____

Expiration Date: Month____/Year____ CVV#_____

Name exactly as it appears on the Card/Account:

Account Billing Address:

Telephone Number: Home: _____

Mobile: _____

Name of Member Account (If Different):

I understand my card will be charged for all monthly charges posted to
my member account. (initial) _____

- New memberships will be charged for the current month and the following month. Dues must be paid upfront or in advance to ensure seamless membership access and benefits.
- Member accounts must be paid in full each month. Your card will be charged accordingly.
- Payments will be processed between the tenth (10) day and the fifteenth (15) day of the month.



Signature

Date