



# NRHA Futurity One Time Payment Credit Card Authorization

**DIRECTIONS:** Please fill **out** this form **COMPLETELY**. Please fill out one form per entry. The completed form should be mailed to the NRHA office or faxed to 405-946-8425 attention Futurity Entries. If sending by fax, please call 405-946-7400 to verify that the NRHA office has received this form. NRHA is authorized to charge the credit card listed below for the appropriate monthly payment amounts as stated in the 2017 NRHA Futurity Conditions. I understand that there will be a 3.5% service fee per payment per entry. ***In order to avoid late fees, this form must be received by the NRHA office no later than 5:00 p.m. CST on the 1<sup>st</sup> of the month that payment is due.*** I understand that NRHA offers this service as a convenience to Futurity entrants. I understand by completing, signing and returning this form to NRHA that I am authorizing NRHA to process my Futurity payments to the debit or credit card listed below. ***NOTE: A declined or cancelled debit or credit card will be treated as an insufficient check, all declined debit or credit card payments are subject to all applicable late fees.***

**CONTACT INFORMATION** (To be completed by the owner of the horse)

Name \_\_\_\_\_ NRHA ID # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_

**FUTURITY INFORMATION**

Book # \_\_\_\_\_ Horse Name \_\_\_\_\_  
 NRHA License # \_\_\_\_\_

**RELEASE and WAIVER OF LIABILITY**

I, \_\_\_\_\_, (participant) have read and understand the terms and conditions of the entry into the 2017 NRHA Futurity and agree to abide by those terms and conditions and the NRHA Rules and Regulations. I have the authority and hereby do, by making this entry, assume responsibility for and bind owner, rider and/or agent to the terms and conditions of this Release and Waiver of Liability. I warrant that I am of legal age and that I have fully read and fully understand the forgoing terms and authorize the NRHA to process credit or debit card payments in accordance with the payment schedule and terms outlined in the 2017 NRHA Futurity credit card payment authorization form and the 2017 NRHA Futurity Conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION**

Visa     Master Card     Amex     Discover

Credit Card Number:

Exp. Date:

/

3 or 4 digit CSV #:

Name on credit card \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR NRHA OFFICE USE ONLY**

Date Received: _____		
Payment Month: <b>1 2 3 4 5 6</b>	Amount	\$ _____
Late Fee:	Amount	\$ _____
Judges Fee:	Amount	\$ _____
Video Fee:	Amount	\$ _____
3.5% Charge	Amount	\$ _____
	<b>Total</b>	\$ _____