



NRHA Futurity Installment Credit Card Payment 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 2019 NRHA Futurity Conditions. I understand that there will be a 3.5% service fee per payment per entry. I understand that NRHA offers this service as a convenience to Futurity entrants. **I understand that this election must be made prior to the payment deadline**, and this election will be applicable for all remaining payments and will only be cancelled upon written authorization by the entrant to the NRHA office. 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. I understand that each payment will automatically charge to my debit or credit card on the 1st of each month, or the next business day. **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 2019 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 he 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 2019 NRHA Futurity credit card payment authorization form and the 2019 NRHA Futurity Conditions.

Signature: _____ Date: _____

PAYMENT INFORMATION

Visa Master Card Amex Discover

Credit Card Number:

Exp. Date:

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3 or 4 digit CSV #:

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Name on credit card _____ Phone: _____

FOR NRHA OFFICE USE ONLY

Date Received: _____

Payment Month: **1 2 3 4 5**

Amount	\$	_____
Late Fee:	Amount	\$ _____
Judges Fee:	Amount	\$ _____
Video Fee:	Amount	\$ _____
3.5% Charge	Amount	\$ _____
Total	\$	_____