



BY CHOICE HOTELS
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7fYX]hCard Payment Authorization Form

Sign and complete this form to authorize Econo Lodge Wormleysburg, PA to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize Econo Lodge Wormleysburg, PA to charge my credit
(full name)
card account indicated below for _____ on or after _____. This payment is
(amount: room & tax) (date)
for _____
(guest name) (confirmation number) (check in date) (check out date)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Open Authorization I acknowledge that by checking this box I am authorizing to debit my account for all future stays by the guest indicated above. I understand that this authorization will remain in effect until I cancel it in writing, and agree to notify Econo Lodge in writing of any changes to my account information or termination of this authorization at least 7 days prior.

(authorization start date) (authorization end date)

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the guest indicated above and for the amount indicated above only. 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; so long as the transaction corresponds to the terms indicated in this form.

PLEASE EAMIL OR FAX THIS AUTHORIZATION FORM ALONG WITH A LEGIBLE COPY OF BOTH SIDES OF THE CREDIT CARD AND A LEGIBLE GOVERNMENT ISSUED PICTURE ID MUST BE SUBMITTED WITH THIS FORM FOR THE AUTHORIZATION TO BE PROCESSED