



Group Travel Simplicity, Inc.
 119 Hinchman Ave.
 Sebastian, FL 32958



Direct Credit Card Payment Plan Authorization Form

Club: _____

Trip Destination: _____

Date: __ / __ / ____

Please complete and Fax back to 772-594-2728, Attn: Sheri Agnew

Or send by email with a password protection through Adobe.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Group Travel Simplicity, Inc. to charge my card for the deposit I owe for my trip, and I understand that there will be an additional 4% fee to do so.

Deposit Amount \$ _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Expiration Date: _____

Financial Institution CVS Code: _____

My Mailing Address (per the credit card): _____

Account Holder Name (Please Print) _____

Signature: _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS