



LAKE ARROWHEAD

EZ PAY REGISTRATION

Full Name of Member (member only)

Lake Arrowhead Membership
Account Number (located on your
statement)

Lake Arrowhead Property Address

Billing Address for Lake Arrowhead Statement Same As Above

City / State / Zip

I would like to enroll in the Lake Arrowhead Yacht & Country Club Member EZ-Pay program and guarantee payment of my monthly statement the credit/debit card listed below. I understand that this card will be automatically charged each month for the full amount reflected on my account statement, including, but not limited to, Lake Arrowhead Maintenance Fees.

Please Check (✓) the type of card you would like to enroll:

			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now that I'm enrolled in EZ Pay, please email my monthly statements to:

Email Address

Credit / Debit Card Number

Expiration Date

CVV Code

Print Name (as it appears on credit card)

Card Billing Zip Code

Card Member Signature (to remain on file)

Today's Date