

RECURRING CHARGE AUTHORIZATION FORM

MERCHANT INFORMATION

MERCHANT / COMPANY NAME

PHONE NUMBER

CUSTOMER INFORMATION

CUSTOMER NAME

ACCOUNT / CUSTOMER ID

BILLING ADDRESS

PHONE NUMBER

CITY, STATE, ZIP

EMAIL ADDRESS

PAYMENT SCHEDULE & FREQUENCY

RECURRING AMOUNT

START DATE

END DATE (IF APPLICABLE)

FREQUENCY

Weekly

PAYMENT METHOD DETAILS

Monthly

PAYMENT TYPE

Quarterly

Credit / Debit Card

CARDHOLDER / ACCOUNT HOLDER NAME

ACH / Bank Transfer

CARD / ACCOUNT NUMBER

EXPIRATION DATE / ROUTING NUMBER

CVV / BANK NAME

AUTHORIZATION STATEMENT

By signing this form, I authorize the merchant named above to charge my designated payment method for the recurring amount and frequency specified herein. I understand that this authorization will remain in effect until I notify the merchant in writing to cancel it, allowing reasonable time for the merchant and financial institution to act on the request. I certify that I am an authorized user of this payment method and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE
