

# AUTO-DEBIT AUTHORIZATION FORM

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## CUSTOMER INFORMATION

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Customer Name:

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Phone Number:

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Account Number:

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Email Address:

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Billing Address:

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## PAYMENT SCHEDULE DETAILS

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Recurring Amount (\$):

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Start Date:

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Frequency:

Weekly

Monthly

Quarterly

End Date / Until Cancelled:

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## PAYMENT METHOD INFORMATION

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Credit / Debit Card

Bank Account (ACH / Direct Debit)

Cardholder / Account Holder Name:

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Card / Account Number:

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Bank Name / Card Issuer:

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Expiration Date / Routing Number:

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**AUTHORIZATION & TERMS**

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By signing this form, I authorize the merchant named above to initiate recurring debit entries to my specified bank account or credit card listed in this form. This authorization is to remain in full force and effect until the merchant has received written notification from me of its termination in such time and in such manner as to afford the merchant and the financial institution a reasonable opportunity to act on it. I understand that payment dates falling on a weekend or holiday may be debited on the next business day.

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**Authorized Signature**

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**Date**