

# AUTOMATIC PAYMENT STATEMENT

Statement Date:

Statement #:

## CUSTOMER INFORMATION

Customer Name:

Account Number:

Address:

Email / Phone:

## RECURRING PAYMENT METHOD

Payment Type:

Card/Bank Ref:

Billing Cycle:

Next Charge Date:

## Payment Schedule Details

Start Date:

End Date:

Frequency:

Subtotal:

Taxes/Fees:

**Total Amount Paid:**

**Recurring Payment Authorization Terms:**

By signing below, the customer authorizes the merchant to automatically charge the designated payment method listed above for the specified amounts on the scheduled dates. This authorization is to remain in full force and effect until the merchant has received written notification of its termination.

AUTHORIZED CUSTOMER SIGNATURE

DATE