

SCHEDULED RECURRING PAYMENT STATEMENT FORM

CUSTOMER INFORMATION

Customer Name:

Account Number:

Address:

Email Address:

Phone Number:

PAYMENT SCHEDULE & AMOUNT

Payment Amount (\$):

Start Date:

End Date:

Frequency:

Weekly

Bi-Weekly

Semi-Monthly

Monthly

Quarterly

Annually

PAYMENT METHOD DETAILS

Credit / Debit Card

Bank Account (ACH/Direct Deposit)

Cardholder Name:

Card Type:

Card Number:

Expiration Date: _____

CVV: _____

Account Holder Name: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

AUTHORIZATION STATEMENT & TERMS

By signing below, I authorize the pre-authorized recurring payments detailed on this form to be charged to my designated card or bank account. I understand that this authorization will remain in effect until I submit written notification of its termination. I agree to notify the billing entity in writing of any changes to my account information or payment preferences at least five (5) business days prior to the next scheduled payment date.

Authorized Signature: _____

Date: _____

Please return this completed and signed form to register your payment schedule.