

RECURRING PAYMENT AUTHORIZATION

CUSTOMER INFORMATION

CUSTOMER NAME _____
ACCOUNT / CUSTOMER ID _____
BILLING ADDRESS _____
PHONE NUMBER _____
EMAIL ADDRESS _____

PAYMENT SCHEDULE & AMOUNT

PAYMENT AMOUNT (\$) _____
FREQUENCY (E.G., MONTHLY, WEEKLY) _____
START DATE _____
END DATE / BILLING CYCLE LIMIT _____

PAYMENT METHOD DETAILS

CREDIT / DEBIT CARD

CARDHOLDER NAME _____
CARD TYPE (VISA, MC, AMEX, DISCOVER) _____
CARD NUMBER _____
EXPIRATION DATE _____
CVV _____

BANK ACCOUNT (ACH / DIRECT DEBIT)

ACCOUNT HOLDER NAME _____
BANK NAME _____
ROUTING NUMBER _____
ACCOUNT NUMBER _____

AUTHORIZATION

By signing this form, you authorize scheduled charges to your credit card or bank account as specified above. You will be charged the amount indicated at each billing period. A receipt for each payment will be provided to you, and the charge will appear on your bank or card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice prior to the payment being collected.

AUTHORIZED SIGNATURE _____

DATE _____

This authorization remains in effect until a written cancellation notice is received from the account holder. Cancellation must be submitted within the specified notice period prior to the next scheduled billing date.