

CREDIT CARD AUTHORIZATION

Please complete the form as completely as possible. This authorization can be withdrawn at any time by canceling in writing and will remain in effect until canceled.

Credit Card Information

Credit Card Company:

- ☐ Mastercard
- ☐ Visa
- ☐ Discover
- ☐ AMEX
- ☐ Other _____

Cardholder Name (as written on the card): _____

Card Number: _____

Expiry Date: _____

Billing Information:

Address: _____

City: _____

State: _____

ZIP Code: _____

Phone: _____

Check one of the following options and enter your details below:

- ☐ **Recurring Charge:** This allows vendors to accept multiple scheduled payments from your credit card. A receipt for each payment will be provided and you will also find the charge noted on your credit card and/or bank statement. You also agree that no prior notification will be provided of these charges unless the date or amount changes, in which case you will be notified at least 10 days before payment is collected.

I, _____, authorize _____ to charge the credit card detailed above for agreed upon payments of \$ _____ on a recurring basis on the _____ (day) of each **week/month**. I acknowledge that my information will be kept on file for future transactions.

- ☐ **One-Time Charge:** This option allows a single one-time charge to be made to your card for the amount indicated below and on the date specified. A receipt will be provided and you will also find the charge noted on your credit card and/or bank statement. You also agree that no prior notification will be provided of this charge unless the date or amount changes, in which case you will be notified at least 10 days before payment is collected.

I, _____, authorize _____ to charge the credit card detailed above for agreed upon payments of \$ _____ on a recurring basis on the _____ (day) of each **week/month**. I acknowledge that my information will be kept on file for future transactions.

I acknowledge that this authorization will remain in effect until it is canceled in writing. I also agree to notify the vendor in writing of any changes in my account information and termination of this authorization at least 15 days before the next scheduled billing date. If the payment date above falls on a weekend or holiday, I understand that the charge may be made on the following business day. I understand that ACH transactions are electronic payments and that funds may be withdrawn as soon as the above transfer dates. If an ACH payment is rejected due to Non-Sufficient Funds (NSF) I also accept that the merchant may process the charge again within 30 days at their discretion and that an additional charge of \$ _____ may be levied for each returned payment.

I also certify that I am the owner of the credit card described above and will not dispute the scheduled payments with my bank/credit card company; provided that the transactions correctly correspond with the terms written on this authorization form.

Authorized Signature _____

Date ____/____/____

Print Name _____