

Recurring Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa Mastercard Discover AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I _____ authorize _____ to charge the agreed amount listed above to my credit card provided herein on the _____ day of each month. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

I understand that this authorization will remain in effect until I cancel the agreement in writing with the _____. In addition, I agree to notify _____ of any changes to my payment information at least 10 days prior to the next payment authorization period. (billing date).

I am the authorized user of this payment card and will not dispute the scheduled payments outlined above.

Please Print and Return this form to:

