**RECURRING CREDIT CARD PAYMENT AUTHORIZATION**

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below to your Credit Card each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least **ten (10) days** prior to the payment being collected.

I, [CARDHOLDER NAME] (Cardholder), authorize

[MERCHANT NAME] (Merchant) to charge my credit card for

$[AMOUNT] on the [#] day of each [FREQUENCY] (week, month, etc.)

This payment is for the following: [REASON FOR PAYMENT].

**BILLING INFORMATION**

Billing Address: [STREET ADDRESS] City, State, ZIP: [CITY, STATE, & ZIP]

Phone #: [CARDHOLDER PHONE] Email: [CARDHOLDER EMAIL]

**CREDIT CARD INFORMATION**

Card Type: [ ]  Mastercard | [ ]  VISA | [ ]  Discover | [ ]  AMEX | [ ]  Other [OTHER (IF ANY)]

Cardholder Name: [CARDHOLDER NAME]

Card Number (#): [CREDIT CARD NUMBER]

Expiration: [MM/YY] (mm/yy) CVV: [CVV NUMBER] Cardholder ZIP: [ZIP CODE]

**CARDHOLDER SIGNATURE**

I (the Cardholder) understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Merchant in writing of any changes in my account information or termination of this authorization at least **fifteen (15) days** prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) Date: [MM/DD/YYYY]

Printed Name: [CARDHOLDER PRINTED NAME]