

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), authorize
_____ (Merchant) to charge my credit card for
\$_____ on the _____ day of each _____ (week, month, etc.)

This payment is for the following: _____.

BILLING INFORMATION

Billing Address: _____ City, State, ZIP: _____

Phone #: _____ Email: _____

CREDIT CARD INFORMATION

Card Type: Mastercard | VISA | Discover | AMEX | Other _____

Cardholder Name: _____

Card Number (#): _____

Expiration: _____ (mm/yy) CVV: _____ Cardholder ZIP: _____

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: _____ Date: _____

Printed Name: _____