**CREDIT CARD AUTHORIZATION FORM**

You authorize a single (1) **or** regularly scheduled charge to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank 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, **[CUSTOMER NAME]** (Customer), authorize **[MERCHANT NAME]** (Merchant) to charge my (check one)

- Credit Card |  - Bank Account for **$[AMOUNT]** on the following basis: (check one)

- ONE-TIME (Single Transaction)

- RECURRING on the **[#]** day of each:

- Week |  - Month |  - Year

This payment is for the following: **[REASON FOR PAYMENT(S)].**

**BILLING INFORMATION**

Billing Address: **[CUSTOMER BILLING ADDRESS]**

Phone #: **[CUSTOMER PHONE NUMBER]**

Email: **[CUSTOMER EMAIL ADDRESS]**

**PAYMENT INFORMATION** (Check One)

- CREDIT CARD

Card Type:

Mastercard |  VISA |  Discover |  AMEX |  Other **[OTHER TYPE]**

Card Number (#): **[CUSTOMER CREDIT CARD NUMBER]**

Expiration: **[EXPIRATION]** (mm/yy)

CVV: **[CVV NUMBER]**

Cardholder ZIP: **[ZIP CODE]**

- BANK (ACH)

Account Type:

Checking |  Savings

Name on Acct: **[NAME ON ACCOUNT]**

Bank Name: **[NAME OF BANK]**

Routing #: **[ROUTING NUMBER (9 DIGITS)]**

Account #: **[ACCOUNT NUMBER (10-12 DIGITS)]**

**CUSTOMER SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **[MM/DD/YYYY]**

Printed Name: **[CUSTOMER PRINTED NAME]**