

[Insert Business Street Address]
[Insert Business City, Postcode]
[Insert Business Phone Number]

YOUR
LOGO

Recurring Payment Authorisation Form

You authorise recurring charges to your credit or card. You will be charged the amount indicated below each billing period. You understand that no payment notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 14 days before payment is processed. Just fill in and sign this form to get started.

By signing this form you grant us permission to debit your account for the amount specified on the dates specified. This is permission for a recurring transactions.

PLEASE COMPLETE THE INFORMATION BELOW

I _____ authorise [Insert Business Name] to charge my credit/debit card detailed below
(Your Full Name)

for _____ on the _____ of each _____ for payment of _____.
(Total Amount) (Day) (Interval) (Description)

Billing Address _____ Phone _____

City, State, Zip _____ Email _____

ACCOUNT TYPE: ☐ Visa ☐ MasterCard ☐ Solo ☐ Discover

CARDHOLDER NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE _____ DATE _____

I grant [Insert Business Name] permission to charge the credit/debit card specified above according to the terms outlined in this authorisation form and will remain in effect until I provide written notice of cancellation. This payment authorisation is for the goods/services described above, for the amount indicated above, and will be processed on the schedule specified. I certify that I am an authorised user of this credit/debit card, and that I will not dispute the payment with my credit/debit card company; providing the transaction corresponds to the terms indicated in this form. Any changes to my billing information

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must be provided in writing at least 14 days before the payment date. Failure of payment may result in late payment fees or the account being sent to collections.