

Credit Card Authorization Form

Please check one (1):

☐ - **Recurring Charge** - You authorize regularly scheduled charges 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 [##] days prior to the payment being collected.

\$[AMOUNT] on the [# DAY] of each [MONTH].
(Amount \$) (day) (week, month, etc.)

☐ - **One (1) Time Charge** – You authorize the merchant below to make a one-time charge to your credit card account listed below.

\$[AMOUNT] on [DATE].
(Amount \$) (Date)

Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Card Holder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____

Cardholder ZIP Code: _____

The undersigned authorizes [BUSINESS] to charge his/her credit/debit card for the fees described above. The undersigned understands that his/her information will be saved to his/her file for future transactions. The undersigned understands that this authorization will remain in effect until he/she cancels it in writing, and agrees to notify the merchant in writing of any changes in the account information or termination of this authorization at least [##] days prior to the next billing date if applicable.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____