

CREDIT CARD / ACH AUTHORIZATION

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), authorize
_____ (Merchant) to charge my (check one)
☐ - Credit Card | ☐ - Bank Account for \$ _____ 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: _____.

BILLING INFORMATION

Billing Address: _____

Phone #: _____ Email: _____

PAYMENT INFORMATION (Check One)

☐ - CREDIT CARD

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

Card Number (#): _____

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

☐ - BANK (ACH)

Account Type: ☐ Checking | ☐ Savings

Name on Acct: _____ Bank Name: _____

Routing #: _____ Account #: _____

CUSTOMER SIGNATURE: _____ Date: _____

Printed Name: _____