

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (to be completed by merchant)

Customer/company _____

Contact name _____ Account number _____

Email address _____ Phone () - Ext: _____

Payment Information (to be completed by merchant)

I authorize _____ to automatically bill the card listed below as specified:

Product/service description _____

Recurring amount _____

Frequency (check one) Once Daily Weekly Twice/month Monthly Quarterly

Start on _____ / _____ / _____ End on: _____ / _____ / _____
Month Day Year (check one) Month Day Year

No end date

Credit Card Information (to be completed by customer)

Card type MasterCard VISA Discover AMEX Other _____

Cardholder name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)

Card number _____ Expires _____ / _____

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Customer's signature _____ Date _____

Bank Transfer Authorization Form

I authorize _____ to electronically debit my bank account according
Business name
to the terms outlined below. I acknowledge that electronic debits against my account must
comply with United States law.

Terms of billing:

- One time on _____ for the amount of \$ _____.
mm/dd/yy
- Starting on _____ and on the _____ of each month through _____
mm/dd/yy day of the month mm/dd/yy
for the amount of \$ _____.
- Starting on _____ for the amount of \$ _____ and accordingly thereafter per
mm/dd/yy
the terms in invoice(s) _____.

Customer bank account information:

Routing number Account number

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify
Customer name
_____ of its cancellation by giving written notice in enough time for the
Business name
business and receiving financial institution to have a reasonable opportunity to act on it.

Customer signature Customer printed name Date