Recurring Payment Credit Card Payment Authorization Form

Please complete all fields. You may cancel this authorization anytime by contacting *[your company contact info (e.g., business phone number and/or email].*

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| --- | --- |
| **Billing Information** | |
| Name, Company, Group, or Organization: | |
| Address: | |
| City, State, ZIP Code: | |
| Phone Number: | Email Address: |

|  |  |
| --- | --- |
| **Credit Card Information** | |
| Visa  MasterCard  Amex  Discover  Other (please specify): | |
| Cardholder Name (as shown on card): | |
| Card Number: | |
| Expiration Date (mm/yy): | Security Code (CVV): |
| Cardholder ZIP Code: | |

By signing this form, I authorize *[Your Company Name]* to charge my account for recurring payments starting on or after *[mm/dd/yy]*. This authorization will remain in effect until I notify *[Your Company Name]* before the next billing date.

I confirm that I am an authorized user of this credit card. I understand that my information will be securely stored for future transactions on my account.

CUSTOMER SIGNATURE DATE

PRINT NAME

