

## MONTHLY RECURRING Credit Card Authorization Form

## Fax this completed form to (123) 123-4567

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| --- | --- |
| THIS CREDIT CARD IS A: | □ VISA □ MASTERCARD □ AMEX |
| CREDIT CARD NUMBER |  |
| EXPIRATION DATE |  |
| CARD SECURITY CODE (CV2) |  |
| CUSTOMER’S NAME (as it appears on the credit card) |  |
| BILLING ADDRESS (must be the exact billing address as it appears on the Credit Card Statement): |
|  |
| Address |
|  |  |  |  |  |
| City |  | State |  | Zip |
| I authorize COMPANY NAME to charge my credit card **monthly** for payment of services. If COMPANY NAME is unable to process my payment; I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify COMPANY NAME otherwise in writing. By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct. THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE. The applicant, by providing COMPANY NAME a written notice, may cancel this agreement at least 14 days in advance of the cancelation date. |
|  |  |  |
| Applicant’s Signature |  | Date |