*[company logo]*

Payment Authorization Form

*[Merchant name]*

*[Merchant business address] [Merchant business phone number] [Business Email address]*

I, (*customer name)* , authorize [*MERCHANT NAME]* to charge my:

* credit card
* debit card
* checking account
* savings account

on a [*one-time / recurring basis*] as payment for: *[Invoice/Order Number: Description of products*

 *and/or services, charges, and terms of payment]*

**Credit Card Information** - if charging a credit or debit card

Card type (select one): ❐ MasterCard ❐ Visa ❐ American Express ❐ Discover

* Other:

Name (As it appears on the card):

Card number:

Expiration date (MM/YYYY):

***\*\*****Please note, you will be contacted via the phone number you provided to request for your card CVV in compliance of PCI standards*

**Bank Account Information** - if charging a checking or savings account

Account Name:

Account Number:

Routing Number:

I certify that I am the owner of the credit card indicated above and will not dispute the scheduled payment with my bank/credit card company; provided that the transactions match with the terms described on this authorization form.

For recurring transactions, I understand that my information will be saved to file for future transactions on my account and authorization will remain in effect until I formally request cancellation.

**Customer Signature Over Printed Name Date**

Billing address: Zip code:

Contact number:

Email address: