

[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

checking account

debit card

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: \_\_\_\_\_