

[logo here]

[Merchant name]
[Merchant business address]
[Business phone number]
[Business email address]

Recurring Credit Card Authorization Form

I, _____, authorize [MERCHANT NAME] to charge my credit card the
(customer name)

amount of \$ _____ only every _____ of each _____ for
(day/date) (frequency)

_____ days/weeks/months/years as payment for _____.

Customer Information:

Customer Name: _____
Billing Address: _____ Zip code: _____
Contact Number: _____ Email Address: _____
ID Type: _____ ID Number: _____ Valid Until: _____

Credit Card Information

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*

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.

Customer Signature Over Printed Name

Date