

Payment Authorization Form

SECTION 1 - Merchant Information

Merchant name: _____

Merchant address: _____

Merchant phone number: _____ Email address: _____

SECTION 2 - Authorization Agreement

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

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> credit card | <input type="checkbox"/> checking account |
| <input type="checkbox"/> debit card | <input type="checkbox"/> savings account |

on a [*one-time / recurring*] basis as payment for:

- *Invoice/Order Number: Description of products and/or services and charges*

Customer name: _____

Billing address: _____ Zip code: _____

Credit Card Information - if charging a credit or debit card

Card type (select one):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Express | |

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 Number: _____

Routing Number: _____

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: _____ **Date:** _____