THE ALLIANCES
Outsourced Business Solutions

Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

merchant

Customer Information (to be completed by merchant)

Customer/company _____

Contact name _____ Account number _____

Email address _____ Phone ( ) - Ext: _____

Payment Information (to be completed by merchant)

I authorize _____ to automatically bill the card listed below as specified:

Product/service description _____

Recurring amount _____

Frequency (check one) ☐ Once ☐ Daily ☐ Weekly ☐ Twice/month ☐ Monthly ☐ Quarterly

Start on ____/____/____ (Month/Day/Year) End on: (check one) ☐ ____/____/____ (Month/Day/Year)

☐ No end date

customer

Credit Card Information (to be completed by customer)

Card type ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____

Cardholder name (as shown on card) _____ Cardholder ZIP Code (from credit card billing address) _____

Card number _____ Expires ____/____

☐ Notify me via email when my credit card is charged. (Make sure email address above is correct.)

_____ _____

Customer's signature Date