

Central Illinois Notary & Imaging Credit Card Payment Authorization Form

Customer Information		
Name:		
Billing Address:		
City:	State:	Zip Code:
Phone Number:		
Email:		
Payment Authorization		
I,, aut	horize Central Illinois	Notary & Imaging to charge
my credit card as detailed below for the a will be securely stored and processed only	greed-upon services. I	understand that my information
Credit Card Information		
Card Type (Circle One):		
Visa / MasterCard / American Express	/ Discover	
Name on Card:		
Card Number:		
Expiration Date (MM/YY):/		
CVV (3 or 4-digit code):		
Billing Zip Code:		
Payment Details		
Total Amount: \$		
Service(s) Rendered:		

Authorization Agreement

I understand that:

- This authorization is valid for a **one-time** charge unless I specify below for recurring payments.
- If additional charges are necessary, I will receive a separate authorization request.
- I certify that I am an authorized user of this credit card and will not dispute this transaction with my bank or credit card company, so long as the transaction corresponds to the terms indicated in this form.

Recurring Payments (If Applicable)

I authorize Central Illinois Notary & Imaging to charge my card on a recurring basis for ongoing



ervices. \square Yes \square No
requency: □ Weekly □ Bi-Weekly □ Monthly □ Other:
ignature Authorization
Cardholder Signature:
Date://
Office Use Only
rocessed By:
ransaction ID:
Oate Processed: / /

Thank you for your business! If you have any questions, please contact us at:

- **?** Central Illinois Notary & Imaging
- 9 3131 Robbins Rd, Springfield, IL 62704
- 217-720-0834
- mycini217@gmail.com
- www.mycini.com