

# GBC AUTOMATIC PAYMENT AUTHORIZATION FORM

I, \_\_\_\_\_, give permission to **GBC WORLDWIDE LLC** to process  
Buyer name Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

GBC Financial Services

Amount authorized  
*All fields required*

Cardholder email

Product/service

## Card information

Card type

- MasterCard  
 Discover  
 VISA  
 AMEX

Cardholder (Name on card)

Card number

Other

Expiration date  
(MM/YYYY)

ZIP code  
(From credit card billing address)

3 DIGIT CODE

## Recurring payments information

Charge every:

Week Month Quarter Biweekly

Email receipts

Mail receipts to:

Charge on this date \_\_\_\_\_  
(For example, the 1st of every month)

Payment amount

Product/service sold

To cancel, contact: \_\_\_\_\_  
(Name and email)

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Customer signature

Date