

# 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 at 417-254-3168.

## Customer Information

Student Name(s) \_\_\_\_\_

Contact name \_\_\_\_\_

Email address \_\_\_\_\_ Phone (      )      -      Ext: \_\_\_\_\_

## Payment Information

I authorize The STARS Foundation to automatically bill the card listed below as specified:

Product/Service/Lessons/Classes description : \_\_\_\_\_

Recurring amount \_\_\_\_\_

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

What day of the month do you want withdrawal?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month      Day      Year

End on:  
(check one)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month      Day      Year

No end date

## Credit Card Information (to be completed by customer)

Card type     MasterCard     VISA     Discover     AMEX     3 digit CVC Code on back \_\_\_\_\_

Cardholder name \_\_\_\_\_ Cardholder ZIP Code \_\_\_\_\_  
(as shown on card)      (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

customer research