



## Credit Card Authorization for Recurring Payments

I \_\_\_\_\_ authorize **Outside Agents** to make recurring  
(Full Name)

credit card charges, to the credit card indicated below,

for \_\_\_\_\_  
(Description of Goods/Services)

Initial Deposit:      \$ \_\_\_\_\_      Date: \_\_\_\_\_

2<sup>nd</sup> Payment:      \$ \_\_\_\_\_      Date: \_\_\_\_\_

3<sup>rd</sup> Payment:      \$ \_\_\_\_\_      Date: \_\_\_\_\_

4<sup>th</sup> Payment:      \$ \_\_\_\_\_      Date: \_\_\_\_\_

5<sup>th</sup> Payment:      \$ \_\_\_\_\_      Date: \_\_\_\_\_

6<sup>th</sup> Payment:      \$ \_\_\_\_\_      Date: \_\_\_\_\_

Final Payment:      \$ \_\_\_\_\_      Date: \_\_\_\_\_

*I agree to provide prior-notification of any necessary changes to the above payment schedule at least 10 days prior to the payment being collected.*

---

### Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Credit Card Information

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____		
Account Number	_____		
Exp. Date	_____ / _____		
CVV	_____		

CARDHOLDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Outside Agents** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.*