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. Al 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.

|  |
| --- |
| Customer Information (to be completed by merchant)Customer/companyContact name Account number Email address Payment Information (to be completed by merchant)I authorize to automatically bill the card listed below as specified:Product/service description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recurring amount ofplus any amount not covered by child reimbursement from pervious weeks.Frequency Once C] Daily a Weekly Twice/month C] Monthly Quarterly(check one)Start onEnd —IDay Month Day Year (check one) MonthC] No end dateAny outstanding balance remaining on account after all' reimbursements have been applied will be charged to this card |

