

**{ Insert Business Logo }**

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

## Recurring Credit Card Payments Authorization Form

This is permission for recurring charges. As an authorized signor on the card presented, by completing and signing this form you give **{ Insert Business Name }** permission to charge/debit your card for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until **{ Insert Business Name }** has received written notification from me of its termination. \*\*

### Please complete the information below:

I \_\_\_\_\_ as an authorized signor **{ Insert Business Name }** to charge my credit/debit card  
(Full name)

account indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_. These payments are for  
(Amount) (Date)

\_\_\_\_\_. My Account / Invoice Number is \_\_\_\_\_.  
(Description of goods/services/on account)

Billing Address of Card \_\_\_\_\_ Phone# \_\_\_\_\_

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

**Frequency:**  **Weekly**  **Monthly**  **Annual basis**

Account Type:  Visa  MasterCard  AMEX  Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_ (3 Digits on Back of Card / 4 Digits on Front of AMEX)

I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by **{ insert business name }** to me in the event there are insufficient funds available at the time the credit card payment is submitted. I authorize **{ Insert Business Name }** to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized signor of this credit card.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Fax to: **{ Insert Business Fax }** Scan & Email to: **{ Insert Business Email }**

\*\*I, \_\_\_\_\_ hereby **Revoke my Authorization** for the charges to my credit/debit card. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.



We hope you find the payment authorization form useful.  
Business Credit Cards and Payment Processing are our specialties ~

## Need a Business Credit Card? - INSTANT DECISION!



Business Platinum® Card

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Plum Card® from American Express

[Apply Now](#) [Learn More](#)



Capital One® Spark® Business Cash

[Apply Now](#) [Learn More](#)

## Payment Processing



### Credit Card Processing

- eCommerce Internet Sales
- Mail Order Telephone Order
- Retail Face-to-Face
- Process Credit Cards at the Point of Sale
- Mobile & Text Payments



### ACH Processing

**Same-Day ACH deposit of your funds!**

- Online Reporting with Images
- Stop Going to the Bank
- Same-Day Funding
- Mobile & Text Payments



### QuickBooks Invoicing

- QuickBooks Enterprise
- QuickBooks Pro
- QuickBooks Premier
- QuickBooks POS
- QuickBooks Online

QuickBooks Accounting Software

