

**Recurring Credit/Debit Card Form**

Visa or Master Card Only

I (We) hereby authorize \_\_\_\_\_, hereinafter called Company, to initiate debit entries to my (our) \_\_\_\_\_ credit card \_\_\_\_\_ debit card (select one) indicated below.

Service/Property Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name on card:		
Mailing address for card:		
City:	State:	Zip Code:
Card Number:		
Expiration date (mm/yyyy):		3 digit security code on back of card:
Amount: Varies depending on usage		Check of Varying Amount: <input checked="" type="checkbox"/>

This authority is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it. All changes in expiration dates or card numbers will result in a new form being completed.

Print Name:	
Signature:	Date:
Print Name:	
Signature:	Date: