

## Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

amount due for that You agree that no pri	ly scheduled chaperiod. A receip period. A receip or notification wan that amount,	arges to your Visa or Maste It will be emailed to you ar I'ill be provided if the total p	nd the charge will appear payment is under	d each billing period for the tota on your credit card statement < insert \$ >. e from us at least 5 days prior to
Please complete the i	information belo	ow:		
		authorize Hitmaster Gr	aphics to charge the cred	it card indicated below on the
(full name)				
of each mon	th for payment o	of my screenprinting, embr	oidery and/or promotion	al products purchases.
understand that I wi	ill only receive a	dvance notice of the charge	e if it exceeds \$	<insert \$="">.</insert>
Billing Address:			Phone #:	
City, State, ZIP:			Email:	
Account Type:	□ Visa	☐ MasterCard		
Cardholder Name: _				
Account Number: _				
Expiration date:				
CVV (3-digit numbe	r on back of Visc	n/MC; 4-digits on front of A	MEX):	_
Signature:			Date:	

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.