

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. All 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 merchant

Customer Information (to be completed by merchant)

Customer/company XXXX
Contact name _____ **Account number** XXXX
Email address _____ **Phone** () - _____ **Ext:** _____

Payment Information (to be completed by merchant)

I authorize Rock Prep LLC to automatically bill the card listed below as specified:
Product/service description Enrichment Lessons
Recurring amount _____ **(Contact if unsure)**
Frequency (check one) Once Daily Weekly Twice/month **Monthly** Quarterly
Start on _____ / _____ / _____ **End on:** May / 31 / 2019
Month Day Year (check one) Month Day Year
 No end date

Credit Card Information (to be completed by customer)

Card type MasterCard VISA Discover AMEX Other _____
Cardholder name _____ **Cardholder ZIP Code** _____
(as shown on card) (from credit card billing address)
Card number _____ **Expires** _____ / _____
 Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Customer's signature _____ **Date** _____