

Credit Card Authorization for Recurring Payments

Date: _____

To: [Merchant's Name]

[Merchant's Address]

[City, State, Zip Code]

Dear [Merchant's Name],

I am writing to authorize recurring payments to be charged to my credit card for the service provided by your company.

Cardholder Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Credit Card Information:

Card Type: _____ (Visa, MasterCard, etc.)

Card Number: _____

Expiration Date: ____ / ____

CVV: _____

Recurring Payment Information:

Amount: \$ _____

Frequency: _____ (e.g., monthly, quarterly)

Start Date: _____

I authorize [Merchant's Name] to charge my credit card on the specified dates for the total amount indicated above. I understand that I can cancel this authorization at any time by providing a written request to [Merchant's Name].

Thank you for your prompt attention to this matter.

Sincerely,

Signature

Print Name