

Recurring Payment Authorization

Date: [Insert Date]

To: [Service Provider's Name]

Address: [Service Provider's Address]

Dear [Service Provider's Name],

I, [Your Name], residing at [Your Address], hereby authorize [Service Provider's Name] to charge my payment method for the agreed-upon services.

Service Description: [Brief Description of Services]

Payment Amount: [Enter Amount]

Payment Frequency: [Weekly/Monthly/Quarterly]

This authorization will remain in effect until I provide written notice to terminate the agreement, allowing for a minimum of [Insert Notice Period] notice.

Please confirm receipt of this authorization and that the payment schedule will commence accordingly.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]