

Recurring Payment Authorization

Date: _____

To: [Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Authorization for Recurring Payment

Dear [Recipient's Name],

I, [Your Name], hereby authorize [Company Name] to initiate recurring payments from my account for the subscription service provided. The details are as follows:

- **Subscription Service:** [Service Name]
- **Payment Amount:** [Amount] USD
- **Billing Frequency:** [Monthly/Quarterly/Annually]
- **Payment Method:** [Credit Card/Bank Account]
- **Account Details:** [Last 4 digits of Card/Account Number]

This authorization will remain in effect until I provide written notice to terminate it. I understand that I have the right to revoke this authorization at any time by providing [number] days written notice to [Company Name].

Signed,

[Your Signature]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]