

# Authorization for Automatic Payment

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], authorize [Company Name] to initiate automatic payments from my credit card account for the payment of my [type of service/product, e.g., subscription, utility bill, etc.].

Details of the credit card are as follows:

- Cardholder Name: [Your Name]
- Credit Card Number: [Last Four Digits Only]
- Expiration Date: [MM/YY]
- Billing Address: [Your Billing Address]

This authorization will remain in effect until I provide written notice to [Company Name] to cancel it.

Signature: \_\_\_\_\_

Printed Name: [Your Name]

Contact Information: [Your Email/Phone Number]

Thank you for your assistance.

Sincerely,

[Your Name]