

Credit Card Auto-Payment Mandate

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I hereby authorize [Your Company Name] to initiate automatic payments from my credit card as per the details provided below for the purpose of [describe service/product].

Credit Card Information

Cardholder Name: [Your Name]

Card Type: [VISA/MasterCard/AMEX/etc.]

Card Number: [XXXX-XXXX-XXXX-XXXX]

Expiration Date: [MM/YY]

Billing Address: [Your Billing Address]

This authorization will remain in effect until I provide written notice to revoke this mandate.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]