

Credit Card Recurring Payment Authorization Request

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Recipient Name]
[Recipient Title]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request authorization for recurring payments to be charged to my credit card for the service/product provided by [Company Name]. Below are the details of the authorization:

Credit Card Information

Cardholder Name: [Your Name]

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

Expiration Date: [MM/YY]

Billing Address: [Billing Address]

Amount: [Monthly Amount]

Frequency: [Weekly/Monthly/Quarterly]

I hereby authorize [Company Name] to initiate recurring charges to the above credit card for the specified amount. This authorization will remain in effect until I provide written notice to terminate it.

Thank you for your attention to this matter. Please confirm the receipt of this authorization at your earliest convenience.

Sincerely,

[Your Name]