



PAYMENT AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic billing, simply complete the sections below and sign the form. All requested information is required. Upon approval, we will automatically bill your debit or credit card for any agreed upon services. Your total charges will appear on your monthly statement with the name The Faircloth Group, P.C.

You may cancel this automatic billing authorization with 30-days' notice by contacting us in writing.

Customer Information

Customer Name: _____ **Phone:** _____

Email Address: _____

Debit or Credit Card Information

Card Type: _____ **Card Number:** _____ **Expires:** _____ **Authorization Code:** _____

Visa, MC, Discover, AmEx _____
Month / _____
Year

Cardholder Address: _____
Billing Address

City State Zip Code

Cardholder's Name: _____
As shown on debit or credit card

Authorization

I authorize The Faircloth Group, P.C. to charge my debit or credit card above for any agreed upon services. I understand that my information will be saved to file for future transactions on my account and that no prior-notification will be provided if the total payment amount is under \$500. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Faircloth Group, P.C. with 30-days' notice in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of this debit or credit card and there are available funds to cover the amount of any transactions that I authorize. I will not dispute the scheduled transactions with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.

Cardholder's Signature **Date**