

# Millington & Co. CPAs

## ACCOUNTANTS • ADVISORS

### Recurring Credit Card Payment Authorization

#### Authorization Agreement

I authorize regularly scheduled charges to my credit card. I agree to be charged the amount indicated below each billing period. A receipt will be provided to you each month upon request, and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I \_\_\_\_\_ authorize Millington & Co. CPAs to charge my credit card indicated  
(Cardholder's Name)  
below for \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month.  
(Amount) (Day)

#### Account Information

Billing Address

City State

Zip

Phone #

Email

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Holder Name:

Credit Card Number:

Expiration Date:

CVV:

Zip

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Millington & Co. CPAs in writing of any changes in my account information or termination of the authorization at least 15 days prior to the next bill date. If the above noted payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions: so long as the transactions correspond to the terms indicated in this authorization form

Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_