

Client Billing and Payment Authorization Form

Please complete all sections of this form to authorize billing and payment. This form is designed to be printed, filled out, and signed.

Client Information

Client Full Name:

Company Name (if applicable):

Email Address:

Phone Number:

Billing Street Address:

City:

State / Province:

ZIP / Postal Code:

Payment Method Details

Payment Type (e.g., Visa, Mastercard, AMEX, ACH Bank Transfer):

Name on Card / Account Holder Name:

Card Number / Bank Account Number:

Bank Routing Number (for ACH transfer only):

Expiration Date (MM/YY):

Security Code (CVV):

Authorization and Agreement

By signing this form, you authorize the merchant to charge your designated payment method for the agreed-upon services. This authorization will remain in effect until cancelled in writing.

Authorized Billing Frequency (e.g., One-Time, Monthly, Bi-Weekly):

Authorized Billing Amount (\$):

Signature

Authorized Signature (Sign after printing):

Date:

DD/MM/YYYY