

## Credit Card Recurring Payment Authorization Form:

### Here Is How Recurring Payments Work

You authorize regularly scheduled charges to your Visa, MasterCard or American Express card. You will be charged each billing cycle for the amount indicated below on the following basis:

- Monthly
- Quarterly
- Annually

A receipt for each payment will be emailed to you and the charge will appear on your credit card statement. If for some reason the attempt to charge your Credit Card is unsuccessful, we will notify you and attempt to charge your Credit Card again. You agree that no prior-notification will be provided unless the date or the amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. You also agree to notify us your primary credit card changes and you will update us with your new billing information in a timely manner.

- Agreement by Credit Card from:  American Express  Master Card  Visa
- I agree to the YRC Subscription rate of \$ \_\_\_\_\_, plus any applicable taxes. A total of \$ \_\_\_\_\_ starting on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_: **Initial here:** \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)      Security Code: \_\_\_\_\_ (3 digit code on back of card)

Address where Credit Card Statement is received: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**\*NOTE:** I authorize the above business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the billing date. Payments will occur on the appropriate payment dates whether they fall on a week-end or holiday. In the event that the charge to the credit card fails for any reason, I agree to submitting another credit card if necessary. This payment authorization is for the type of bill indicated above and includes my acknowledgment. I certify that I am an authorized user of this credit card and that I will not dispute the payment(s) with my credit card company provided the transactions correspond to the terms indicated in this authorization form