



Credit Card Recurring Payment Authorization Form

Please complete the information below:

I _____ authorize **Dominion Messenger Inc.** to charge my credit card

Monthly payment on account # _____

Payments will be schedule for processing on the 2nd Friday of each Month.

Company Name _____

Billing Address _____

Phone # _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.