

Card Payment Authorization Statement

I hereby authorize **[Company/Organization Name]** to charge my credit/debit card as detailed below, for payment of goods/services as described.

Cardholder Name

Card Type (Visa, Mastercard, etc.)

Card Number

Expiry Date (MM/YY)

Amount to be Charged (USD)

Authorization Date

Cardholder Signature

By signing above, I acknowledge that I am an authorized user of this card and will not dispute the scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization statement.