

# Card-on-File Authorization Agreement

By completing and signing this agreement, you authorize [Company Name] to securely store your credit/debit card information and charge your card for agreed upon purchases and services.

Cardholder Information

Full Name:

Email Address:

Phone Number:

Card Details

Card Number:

Expiration Date (MM/YY):

CVV:

Authorization

☐

 I hereby authorize [Company Name] to charge my stored card information for recurring or agreed upon payments.

Signature:

Date:

Submit