

Cardholder Billing Authorization Letter

Date:

To Whom It May Concern,

I, , hereby authorize to charge my credit/debit card detailed below for the amount of \$
.

Card Details:

Card Type:

Card Number:

Expiry Date (MM/YY):

Name on Card:

Billing Address:

By signing below, I authorize the charge and acknowledge responsibility for payment, as described above.

Cardholder Signature: _____

Date:

Sincerely,