

# Payment Authorization Form

Client (Payor):

Address:

Phone:

Email:

## Credit Card Authorization

I, the undersigned, hereby authorize Simple Dry Cleaners to initiate debit entries from the following account, identified below, for recurring payment. This authority will remain in effect until I give reasonable written notification to terminate this authorization.

Credit Card Type:



Credit Card #:

Exp Date:

Zip:

CC Verification Code (3 or 4 digit code on back of card):

Card Holder Signature: \_\_\_\_\_

I am a duly authorized signer on the account identified above, and authorize all of the above with my signature below.

Sign: \_\_\_\_\_

Name:

Date: