



DREW'S
UNIVERSITY

Dispatch Company Name

Address

City, State, Zip

email@email.com

Phone Number

CARD PAYMENT AUTHORIZATION FORM

Opt Out

Opt In

By opting in, I authorize regularly scheduled charges to my credit card or bank account. These charges will appear on my credit card or bank statement. Prior to each charge, an invoice will be sent via email for verification and approval. Once approved, the transaction will be processed.

I, _____, do hereby authorize _____ to process and
(Carrier/Trucking Co.) (Dispatch Company)

charge my Credit Card or Bank Account for the amount owed each week. This payment is for the dispatching services provided.

Cardholder's Name	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Card Information	Card Number _____ Expiration Date ____/____ CVV _____
Billing Address	Street Address _____ City _____ State _____ Zip _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the carrier/trucking company in writing of any changes in my account information.

I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit company, so long as the transactions correspond to the terms indicated in this authorization form.

Print Name _____

Authorized Signature _____

Date _____