

Recurring Payment Authorization Form (Auto-Pay)

Please use this form to start auto-pay or update your billing info for an existing auto-pay.

This form is fillable. Fill in the blanks, then print, sign, and send via mail, fax, or secure email.

We don't advise emailing sensitive information like credit card info, as regular email is not secure.

Company Name:				Co	ontact N	ame:			
Card Billing Address:	Street Addres	SS .							
City:				_	State	, Zip:	,		
Email Address:	,			Pho	one Nun	nber:	-	-	_
Credit Card Type:	Visa]мс []	Amex		Ca	rd #:			
Security Code:				<u> </u>	Exp [Date:	/		
I authorize Redlance (Recurring Amount: Frequency: Start on:	\$ Monthly	y		ı				NO	END
						<u>, , , , , , , , , , , , , , , , , , , </u>			_
For: Note: To cancel auto- (mike@redlance.com Y	pay at any t	ime, just (phone (8		5286) or	email		
Authorized Signature						Date	/	/	