

# Statement of Authorization for Payment Processing

I,

Full Name

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, hereby authorize

Company/Payee Name

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to process and collect payment from my account as specified below for the purpose of settling the agreed charges.

**Authorized Amount:**

Amount (e.g., \$100.00)

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**Date of Authorization:**

**Account Information (Last 4 digits or Type):**

\*\*\*\*1234 / Visa, etc.

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**Payment Purpose (optional):**

(e.g., Invoice #, Subscription)

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I confirm that I am an authorized user of the payment method provided, and I will not dispute the payment with my financial institution as long as the transaction corresponds to the terms indicated in this authorization.

Signature

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Date

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This authorization shall remain effective until revoked in writing by the account holder.