

Statement of Authorization for Payment Processing

I,

Full Name

, hereby authorize

Company/Payee Name

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)

Date of Authorization:

Account Information (Last 4 digits or Type):

****1234 / Visa, etc.

Payment Purpose (optional):

(e.g., Invoice #, Subscription)

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

Date

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