



**Credit Card Authorization Form**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card #: \_\_\_\_\_

Discover

Mastercard

Visa

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

By signing this form I give KW Metro Center authorization to charge my credit/debit card for my office bill on an automatic monthly basis. I agree to notify KW Metro Center in writing of any changes in my account information 15 days prior to the next billing date. For debits to my checking/savings account via debit card, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an debit transaction being rejected for Non Sufficient Funds (NSF) I understand that KW Metro Center will attempt to process the charge again within 30 days, and agree to an additional \$50.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of any debit transactions to my account must comply with the provisions of U.S. law. KW Metro Center is not responsible for any dispute charges/ return fees/ or late fees that may occur as a result of NSF funds. I acknowledge that I will be responsible for a \$25 late fee in the case of a credit card transaction being rejected. I certify that I am an authorized user of this credit card and I will not dispute these scheduled transactions with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_