

Volcano Consulting, LLC Recurring Debit/Credit Card Payment Authorization Form

Thank you for doing business with Volcano Consulting, LLC! Your payments will be automatically charged to your debit or credit card with this signed authorization. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "Volcano Consulting."

A. Please complete the information

I _____ (full name) authorize Volcano Consulting, LLC to charge my credit card indicated below in the amount of (\$\$ amount) every 2 weeks Monthly according to the predetermined schedule below.

Payment Amount and Schedule	Billing Details
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Due <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: center; font-size: small;">M M D D Y Y</div>	Billing Address _____
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Due <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: center; font-size: small;">M M D D Y Y</div>	Phone# _____
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Due <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="text-align: center; font-size: small;">M M D D Y Y</div>	City _____ State _____ Zip <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email _____

Initial here to use the last signed credit card authorization form to process payments for this agreement.

B. Debit/Credit Card Details

Please select the type of debit/credit card

Visa
 MasterCard
 Discover
 American Express

Organization/Business Name _____

Cardholder Name _____

Card number

CSV Exp. Date /
 (3-digit code with Card on the back of your card) M M D D Verification Code (AMEX only) Zip Code Associated

I understand this authorization will remain in effect until I cancel it in writing. I agree to notify Volcano Consulting, LLC, in writing, of any changes to my account information or of my decision to terminate this authorization **at least 15 days** prior to the next payment date. **I understand that no prior- notification will be provided each month/payment period unless the date or amount changes, in which case I will receive notice from Volcano Consulting, LLC at least 5 business days prior to the payment being collected.** If the above noted payment dates fall on a weekend or holiday, this **does not** affect submission for payment. In the case of a payment transaction being rejected for Non-Sufficient Funds (NSF) I understand that Volcano Consulting, LLC may at its discretion attempt to process the charge again **within 30 days**, and I agree to an additional **50.00 charge** for each attempt which results in fees for Volcano Consulting, LLC. These fees will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of payment transactions to my account must comply with the provisions of U.S. law. 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 card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ **DATE** _____