



Credit Card and Bank Transfer Authorization Form

I authorize Stage Door Designs to electronically debit my account according to the terms of our agreement. I acknowledge that electronic debits against my account must comply with US law.

- One time on \_\_\_\_\_ for the amount of \_\_\_\_\_
Monthly/Quarterly starting on \_\_\_/\_\_\_/20\_\_\_ and on the 1st/15th of each month and in the amount of \_\_\_\_\_

This payment authorization is to remain in effect until I notify Stage Door Designs of its cancellation by giving written notice 30 days prior to payment

Client Name: \_\_\_\_\_.

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

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

Account in name of: \_\_\_\_\_.

Billing Zip Code: \_\_\_\_\_

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

FOR OFFICE USE ONLY

Received \_\_\_\_\_ QB \_\_\_\_\_ Recur \_\_\_\_\_ Approved \_\_\_\_\_