

AUTHORIZATION FOR AUTOMATIC PAYMENT FORM

(Credit Card Account)

Customer Name:			
	First	Initial	Last
Address:	Billing Address		City/State/Zip
	Jilling Address		City/State/Zip
Contact me through	e-mail when paymen	t has been made.	
E-Mail Address (R	EQUIRED):		
(If credit or debit ca	ırd, enter card type, a	ccount number and expiration	date.)
Account Type:	(Visa, MasterCard		
	(Visa, MasterCard	or American Express)	
Account Number:			
Expiration Date:		Monthly Amount: \$	
	(xx/xx)	Ψ	
I authorize Spirit Zone to charge the above-referenced credit card for any charges other than normal stated monthly fees when the charges have gone more than ten days past due.			
bank account autor the charges I owe and additional late payment. I further late fees and other	matically each and ex Spirit Zone. I unders the fees should my creater ar understand that I applicable charges in	very month and apply said chestand that I will remain respondit card be cancelled or othe will remain responsible for i	dit card account or selected large toward the payment of onsible for recurring charges erwise made unavailable for recurring charges, additional account I have listed above available.
Name:			
Date:			
Signature:			