



Recurring Credit / Debit Card Payment Authorization

By signing this form, you authorize regularly scheduled charges to your credit / debit card. You will be charged the amount indicated below each billing period and the charge will appear on your credit / debit card statement. A receipt for each payment will only be provided via email. These charges will occur each month with no further notification unless the date or amount changes, in which case you will receive notice from us prior to the payment being collected.

I _____ authorize **MAPLEWOOD CEMETERY** to
(Cardholder's Name)

charge my credit / debit card indicated below for \$ _____ on the _____
(Amount) (day)
of each _____.
(month)

Cardholder / Billing Address

Address _____ Phone _____

City, State, Zip _____

Email (required for receipt) _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify MAPLEWOOD CEMETERY in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of credit / debit card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit / debit card and will not dispute these scheduled transactions so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____
(Cardholder's Signature)

Card Details

Credit Card

Debit Card

Visa

MasterCard

Discover

Cardholder Name _____ CVV _____

Card Number _____ Expiration Date ____ / ____