

{ Insert Business Logo }

{ Street Address }

{ City State Zip }

{ Phone Number | Website | Email }

One-Time Credit Card Payment Authorization Form

This is permission for a single transaction only. As an authorized signor on the card presented, by completing and signing this form you give **{ Insert Business Name }** permission to charge/debit your card, one-time, for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until **{ Insert Business Name }** has received written notification from me of its termination. **

Please complete the information below:

I _____ as an authorized signor **{ Insert Business Name }** to charge my credit/debit card
(Full name)

account indicated below for \$ _____ on or after _____. This payment is for
(Amount) (Date)

_____. My Account / Invoice Number is _____.
(Description of goods/services/on account)

Billing Address of Card _____ Phone# _____

City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Name on Card	_____			
Card Number	_____			
Expiration Date	_____			
Security Code	_____ (3 Digits on Back of Card / 4 Digits on Front of AMEX)			

I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by **{ insert business name }** to me in the event there are insufficient funds available at the time the credit card payment is submitted. I authorize **{ Insert Business Name }** to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized signor of this credit card.

SIGNATURE _____ DATE _____

Fax to: **{ Insert Business Fax }** Scan & Email to: **{ Insert Business Email }**

I, _____ hereby **Revoke my Authorization for the charge to my credit/debit card. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.



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We hope you find the payment authorization form useful.
Business Credit Cards and Payment Processing are our specialties ~

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Payment Processing



Credit Card Processing

- eCommerce Internet Sales
- Mail Order Telephone Order
- Retail Face-to-Face
- Process Credit Cards at the Point of Sale
- Mobile & Text Payments



ACH Processing

Same-Day ACH deposit of your funds!

- Online Reporting with Images
- Stop Going to the Bank
- Same-Day Funding
- Mobile & Text Payments



QuickBooks Invoicing

- QuickBooks Enterprise
- QuickBooks Pro
- QuickBooks Premier
- QuickBooks POS
- QuickBooks Online

QuickBooks Accounting Software

