



Credit Card Authorization Form
(Recurring Payment)

In order for Aberdeen Captioning, Inc. (Aberdeen) to accept and bill your credit card, please complete all fields below, sign, date, and fax to 949-858-4405. All information sent is strictly confidential and Aberdeen adheres to the highest standards for account data protection.

Business name/Personal name as it appears on credit card (CC):

Billing address of CC: _____

E-mail Address

(Required for receipts): _____

CC Type: **AMEX** **Discover** **MasterCard** **VISA** **ATM cards are NOT accepted*

ONLY last four (4) digits of card number: _____

Expiration Date: _____ / _____
 mm yy

Authorization:

Recurring Billing: I hereby authorize Aberdeen to charge the indicated credit card on a periodic basis for the amount due under my agreement with Aberdeen for orders placed by me or my company representative. Order invoices or an invoice will be provided by Aberdeen for all charges. This recurring payment authorization shall remain in force until cancelled by me in writing.

I agree that this is a recurring charge that will be made as specified above. To terminate the recurring billing process, I must cancel in writing and then the account will be invoiced and payment made via check or ACH. I understand that all account cancellations must be made in writing. I will not dispute Aberdeen's recurring billing with my credit card issuer so long as the amount in question was for services rendered prior to my canceling my account in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one-time or recurring billing agreement with Aberdeen.

Signature of Cardholder: _____

Printed Name: _____

Title: _____

Date: _____