

CREDIT/DEBIT CARD PAYMENT AUTHORIZATION



Please complete all fields below.

Please note there is a 3.4% processing fee for all cards.

I _____ authorize Dunham's Lawn Care to charge my credit card indicated below for:
NAME

ONE-TIME PAYMENT:

\$ _____ on _____
AMOUNT DATE

This payment is for _____

RECURRING PAYMENT:

\$ _____ on the _____ of _____, 20_____
AMOUNT DAY MONTH

This payment is for _____

CREDIT/DEBIT CARD INFORMATION

Card Type: Visa MasterCard Discover AMEX Other: _____

Card Number: _____

Cardholder Name (as shown on card): _____

Cardholder Zip Code (from credit card billing address): _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Dunham's Lawn Care 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.

SIGNATURE _____
(ACCOUNT HOLDER'S SIGNATURE)

DATE _____