

# 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): \_\_\_\_\_

CVV Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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 \_\_\_\_\_