



Recurring Credit Card Payment Authorization Form

To insure a smooth billing process, NOAC requires a credit card to remain on file which will be automatically billed after six (6) days of invoicing, along with a \$25.00 late fee. A \$35 fee will be charged for declined payments, if another form of payment is not provided within 24 hours of notification of the declined payment. If a payment is declined, NOAC may suspend services until payment is made.

Please complete the information below:

I _____ authorize North Oakland Autism Center to charge my credit card
(full name)

at the end of each month, for the subsequent month's pre-scheduled ABA Therapy sessions.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ Verification Code (on back of card) _____

SIGNATURE _____

DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business 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. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.