

Recurring Payment Authorization Form

Client Information (to be completed by client)

Client/Company _____

Contact name _____

Email address _____ Phone () - Ext: _____

Payment Information (to be completed by merchant)

I authorize Jessica L. Christensen, Ltd. to automatically debit the account listed below.

Product/service description _____

Recurring amount _____

Frequency (check one) ☐ Once ☐ ☐ Weekly ☐ Twice/month ☐ Monthly ☐ Quarterly

Start on _____ / _____ / _____ End on: (check one) ☐ _____ / _____ / _____
Month Day Year Month Day Year

☐ No end date

*You may cancel this automatic billing authorization at any time by contacting us

Bank Information (to be completed by client)

Account type ☐ Checking ☐ Savings ☐ Individual ☐ Business

Account Number: _____

Routing Number: _____

Bank: _____

☐ Notify me via email when my account is charged. (Make sure email address above is correct)

Client's signature _____

Date _____