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RECURRENT PAYMENT AUTHORIZATION FORM.

By signing this form you authorize regularly scheduled charges to your bank account or credit/debit card. You will be charged each billing period for the total amount due for that period and other charges than could be incurred. A receipt will be emailed to you and the charge will appear on credit card statement.

To schedule your payments to be automatically charged to your Bank Account or Credit/Debit Card (Visa, MasterCard, American Express or Discover Card) complete and sign this form. I _____ authorize PRIVILEGE FINANCE LLC, to charge/debit my account indicated below for every monthly payment on the corresponding due date.

Checking/Savings Account

Credit Card

<input type="checkbox"/> Checking <input type="checkbox"/> Savings Name on Acct: _____ Bank Name: _____ Account Number: _____ Bank Routing: _____ Bank City/State: _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card Holder Name: _____ Card Number: _____ Expiration Date: _____ CCV (3 digit number on the back): _____ Name of Bank or Institution: _____
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Billing Address: _____
 City: _____ State: _____
 Zip: _____ Tel: _____
 Email: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify PRIVILEGE FINANCE LLC 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 payment may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because of these are electronics transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that PRIVILEGE FINANCE LLC may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. I certify that I am authorized user of this credit card/bank account and will not dispute the scheduled transactions with my bank or credit card Company; provided the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____