



Recurring Credit/Debit Card Payment Authorization Form

Profile ID Num	ber:					
Credit Card:	VISA (Pre-paid credit ca	MASTERCARD ards are not acceptable)	☐ DISCOVE	R		
Enter Last 4 diç	gits of Credit Card	Number:				
Expiration Date	of Credit Card:					
Name as it app	ears on Credit Ca	rd:				
Billing Address	of Credit Card:		Address			
		City	State	Zip		
listed above for notification from may be execute	the amount due. n me of termination ed on the next busi	I understand that this Renotes in of this authorization. If ness day.	ecurring Paymer the payment da	nt Authorization is to ate falls on a weeke	o remain in effect end or holiday, I un	ber with the last four digits until SLAICO has received derstand that the paymen
		inges, SLAICO will provi adjustments for any ch		•	•	cheduled transaction date
-		ser of this credit/debit on the terms indicated in			nent with my cred	lit card company; provided
If this applicatio	on is taken over the	phone, I agree that my	electronic signa	iture serves as my	original signature	
Cardholder Sig	nature:				Date:	