Credit Card Payment Authorization Form

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize Jonnell Agnew & Associates to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount with convenience fee listed on invoice) (date)

_____.
(description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Fax# _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ Discover

Cardholder Name _____

Card Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

☐ I Authorize Jonnell Agnew & Associates to keep my credit card information on file for use upon approval by me or my office.

SIGNATURE _____ DATE _____

I authorize Jonnell Agnew & Associates to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount 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; so long as the transaction corresponds to the terms indicated in this form.