



ACT Finance
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Credit Card Authorization Form for Recurring Charges

I authorize **ACT Finance** to initiate **monthly** credit card charges as shown below.

CREDIT CARD INFORMATION

Customer Name (as printed on card): _____

Type of Credit Card (Master Card, Visa etc.): _____

Customer Account Number (16 digits): _____

Expiration Date: _____ 3-Digit Security Code: _____

DEBIT INFORMATION

Monthly payment due (per contract) \$_____ 3% Admin fee required \$_____

On a monthly basis, please charge \$_____ on this date each month _____

Please initiate these deductions starting the month of: _____

(Note: unless we hear otherwise, these will occur each month until the loan has been paid off.
 In case of questions about payment or balance, please call us at 805-680-8205)

I understand this authority is to remain in full force and effect until the company has received notification from me of its termination in such time and such manner as to afford the company a reasonable opportunity to act on it. I have the right to stop payment of a charge by notification to **ACT Finance** three (3) business days or more before a credit card charge is scheduled.

Signature of Card Holder _____ **Date** _____