



## **AUTOMATIC DEBIT AUTHORIZATION**

I authorize you to automatically charge my credit/debit card as designated below. This authority will remain in effect until the account is paid in full or I give written notification to cancel it.

LRH Account # \_\_\_\_\_

Payment Date (1<sup>st</sup> and/or 15<sup>th</sup>): \_\_\_\_\_

Payment Detail Frequency (Once monthly or semi-monthly): \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Start Date: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Circle One: **Visa** **Master Card** **Discover** **American Express**

Credit/Debit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code # \_\_\_\_\_

Name on Card: \_\_\_\_\_

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_