

**Fusion Missions, Inc.**  
13650 Fiddlesticks Blvd, Suite 202-254  
Fort Myers, FL 33912  
727-647-1150



## Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town)

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount authorized for that period. An acknowledgement will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is \_\_\_\_\_. No changes will be made to the amount or date unless authorized in writing by you in advance.

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### Please complete the information below:

I \_\_\_\_\_ authorize Fusion Missions, Inc. to charge my credit card  
(full name)

\_\_\_\_\_ as indicated below on the \_\_\_\_ day of each Month for payment of my support.

I understand that I will only receive advance notice of the charge if it exceeds \$\_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  Amex  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.