

Friends of Jones



RECURRING CREDIT CARD PAYMENT AUTHORIZATION



Thank you for supporting Jones College Prep!

With this recurring payment plan, you authorize regularly scheduled charges to your credit card which will be charged the amount indicated below for each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

(Cardbolds	er's Name)	_ authorize Friends of Jones to charge my credit card	
•	·	for the initial one-year billing period, beginning on	
and t	o charge my credit ca	ard annually, on or about the date on which each subsequer	nt
one-year billing period co	ommences, until I cand	cel this authorization in the manner specified below.	
Billing Information:			
Address:			
City/State/Zip:			
Email Address:		Phone Number:	
Card Details:			
O Amex → Visa → N	VIC → Discover		
Card Holder Name		Zip Code	
Credit Card Number	Exp.	CVV	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Friends of Jones in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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 acknowledge that the origination of credit card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature

Date