

Credit Card Payment Authorization Form

I, _____ (print full name), hereby

- am signing up for the automatic payment of my Invoice PhonicView, a USA-based merchant,
- authorize PhonicView to automatically charge my account in the amount of my monthly invoice,
- agree that PhonicView or my financial institution can cancel the automatic payment for my account at any time, with or without prior notice to me,
- acknowledge that the origination of these charges to my account must comply with the U.S. law,
- agree that this agreement remains in effect until canceled by me, PhonicView or my financial institution. I can cancel automatic payment at any time by calling or writing to PhonicView.

CARD TYPE (circle one): Visa MasterCard Discover American Express

CREDIT CARD NUMBER: _____

NAME on CREDIT CARD: _____

EXPIRATION DATE: _____

SIGNATURE: _____

DATE: _____