

Account Services Processing Center

Phone: (866) 803-2661

Fax: 855-585-2290

RECURRING CREDIT CARD PAYMENT FORM

Re: Agreement Number

New Agreement OR Change to Existing Agreement

I, hereby authorize Account Services Processing Center (“ASPC”) to debit the Visa/MasterCard or other account (the “Account”) indicated below on the periodic basis as stated in the above Agreement Number for all amounts payable under the above referenced Agreement (including, if applicable, but not limited to, periodic property tax, insurance charges, and excess use charges) until such amounts are paid in full. If and to the extent that there are now amounts that are past due under the above referenced agreement, I hereby authorize ASPC to promptly debit the Account to cover such past due amounts.

Credit Card Number

Type of Card Used (Circle One):

Visa

MasterCard

American Express

Expiration Date on Card

Cardholder Name as Shown on Card

Billing Street Address for Account

Billing City/State/Zip Code for Account

Signature: _____

Title of Signer: _____

Date: _____

Comments: _____

Email Address for Receipts: _____

<p>Internal Use Only:</p> <p>Team: <u>East Atlantic</u></p> <p>Requested by: <u>Sandi Conklin</u></p> <p>Approved by: _____</p>
