



13401-37 Campground Road
 Lanexa, Virginia 23089
 804-966-9021

Credit/Debit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit/debit 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), eliminating late charges

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 due for that period. A receipt 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 under \$_____. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 7 (seven) days prior to the payment being collected.

I, _____ authorize ZinZang Studio LLC to charge my credit/debit card
(full name)
 indicated below on the _____ of each _____ for payment of my
(day or date) (frequency)

(bill type - service or goods)

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

Billing Address: _____ Phone: _____
 _____ Email: _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name:
Account #:
Expiration Date:
Billing Zip Code:
CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX):

Signature: _____ **Date:** _____

I authorize the ZinZang Studio, LLC to charge the credit/debit 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/debit card and that I will not dispute the scheduled payments with my credit/debit card company provided the transactions correspond to the terms indicated in this authorization form.

Please fax this authorization form to: 804-966-9021.