



Payment Authorization Form

With the completion of this form, you authorize The Calderwood Group to automatically charge your bank account or credit card. For single service engagements, your payment method will be charged upon completion of your work. For recurring engagements, your payment method will be charged at the beginning of each month. For specific engagements requiring a retainer, your payment method will be charged according to agreed terms. Please complete the information below:

Credit Card Information		
Name as Appears on Card:		
Card Number:	Expiration Date:	
CVV (3 digits on the back of Visa/MasterCard/Discover, 4 digits on front of American Express):		
Billing Address:		
City:	State:	Zip Code:

SIGNATURE _____ DATE _____

EMAIL ADDRESS (For Receipt of Invoices) _____

*I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing at least 15 days prior to the next charge date. I also agree to notify the business in writing of any changes in my account information. 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 that the transactions correspond to the terms indicated in this authorization form.