# Credit Card Payment Authorization Form

Schedule a one-time or recurring payment to be automatically charged to your credit card.  Just complete and sign this form to get started!

**Here's How It Works:**
You authorize a one-time or regularly scheduled charge to your credit card.  You will be charged the amount shown below on the date or schedule indicated.  A receipt for each payment will be emailed 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.

**Please complete the information below:**

I _____ authorize C.N.A. Financial, Inc. to charge my credit card

       (full name)

indicated below for the following one-time or scheduled amount for payment of my processing fees:

**Amount: _____**

☐ One Time Payment                                      ☐ Recurring Payment Schedule

One Time Payment Date: _____        Start Date: _____

                                                                            End Date:  _____

                                                                            Frequency: _____

| **Credit Card** | **Billing Address** |
|---|---|
| ☐ Visa  ☐ MasterCard<br>☐ Amex  ☐ Discover<br><br>Cardholder Name _____<br><br>Account Number _____<br><br>Expiration Date _____<br><br>CID/CVV2 _____<br>(3 digit number on back of Visa/MC/Discover<br>4 digits on front of AMEX) | Billing Address: _____<br><br>City: _____<br><br>State: _____<br><br>Zip Code: _____<br><br>Phone#: _____<br><br>Email: _____ |

SIGNATURE _____          DATE _____
_____

For a One Time Payment this authorization is for a single transaction on or after the indicated date.  For a Recurring Payment Schedule, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify C.N.A. Financial, Inc. 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 periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.