



Recurring Payment Authorization Form

Please complete the information below:

Client Name

Billing Address

City/State/ZIP

Phone Number

E-mail

ACH Option

Credit Card Option

Name on Account

Name on Card

Bank Name

Acct. Number

Acct. Number

Expiration Date

CVC Code

Routing Number

Type

Visa

Master Card

Discover

For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Technowledge Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$9.99 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____

Date: _____