



Recurring Credit Card/Bank Account Payment Authorization

You authorize regularly scheduled charges to your credit card. You will be charged by the 15th of each month for the amount due from rides taken in the previous month for all riders on your account. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement statement. You agree that no prior notification will be provided.

I _____ authorize **Piattran** to charge my Credit Card or bank account
(Cardholder's Name)
information indicated below.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____ Expiration Date ____ / ____

Account/CC Number _____ CVV _____

_____ Zip Code _____

Riders Names

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Piattran in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I acknowledge that the origination of Credit Card 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 and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE* _____ DATE _____
(Cardholder's Signature)

*If completing this form digitally, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

If sent electronically, email received at finance@piattran.org Date: _____