

**STATEWIDE BONDING INC.**  
**4085 CHAIN BRIDGE ROAD SUITE #100**  
**FAIRFAX, VIRGINIA 22030-4106**  
**Toll Free: 1-855-805-2663**

**RECURRING CREDIT CARD AUTHORIZION FORM**

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your Visa, MasterCard, American Express, or Discover card. You will be charged the amount indicated below for each billing period. Each amount charged will appear on your credit card or checking account statement. A receipt will be sent to you by email or mailed through the US Postal Service. You agree that this authorization will serve as your notification and no prior-notification will be provided unless the payment due date or installment payment 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:**

**Premium or Collateral amount owed (\$ \_\_\_\_\_)**

I, \_\_\_\_\_ authorize **STATEWIDE BONDING INC.** to charge my credit card \$ \_\_\_\_\_ ( payment amount) to be charged on a ( \_\_\_\_ weekly \_\_\_\_ biweekly \_\_\_\_ monthly ) cycle. Payments begin on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ and continue until balance paid in full, to the card ending with ( \_\_\_\_\_ )

Billing Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
(associated with card)

City/State/Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Account Type: ____ Visa      ____ MasterCard      ____ AMEX      ____ Discover
Cardholder Name _____
Account Number _____
Expiration Date ____/____
CVV2 (3 digit number on back card: _____) (4 digits on front of AMEX: _____)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize **STATEWIDE BONDING INC.** to charge my credit card that is indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in full force and effect until **STATEWIDE BONDING INC.** received written notification from me, and I agree to notify **STATEWIDE BONDING INC.** in writing of any changes in my account information or termination of this authorization at least 7 days prior to the next billing date. 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. This payment authorization is for bail bond premium or collateral owed in the amount indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.