

# Advanced Monitoring Professionals, LLC

711 Medford Center #216  
Medford, Oregon 97504  
(800) 760-1518

## Credit Card Recurring Payment Authorization 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 each billing period for the total amount due for that period. A receipt will be emailed or mailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided.

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### Please complete the information below:

I \_\_\_\_\_ authorize Advanced Monitoring Professionals, LLC to charge my credit card indicated below for payment of my Electronic Home Detention (EHD) and/or Alcohol Monitoring (AM).

My overall balance that will be charged: \$\_\_\_\_\_

Terms (dates my credit card will be charged and the amount of each charge):

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa       MasterCard       Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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 scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.