



AUTOMATIC DEBIT AUTHORIZATION

I authorize you to automatically charge my credit/debit card as designated below. This authority will remain in effect until the account is paid in full or I give written notification to cancel it.

LRH Account # _____

Payment Date (1st and/or 15th): _____

Payment Detail Frequency (Once monthly or semi-monthly): _____

Amount of Payment: _____

Start Date: _____ Total Amount: _____

Circle One: **Visa** **Master Card** **Discover** **American Express**

Credit/Debit Card # _____

Expiration Date: _____ Security Code # _____

Name on Card: _____

Customer Signature _____ **Date** _____