

# Credit Card Payment

Please Select:  **Monthly Recurring:** Payment will process on the 15th of each month for amount due.

Platinum Connect Account #: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Type of Card:  Visa  MasterCard  Discover

Name on Card: \_\_\_\_\_

CC Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Contact #: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

I (we) authorize Platinum Connect to charge my credit card. For monthly recurring payments, this authority is to remain in full force and effect until Platinum Connect receives written notification from me (or either of us) of its termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date