



**The Polish Lawn Guy**

4750 N. Jerome  
Maumee, OH 43537  
419-340-7268  
Malczewskislawnca.com

malczewskislawnca.com

## Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit/debit card. Just complete and sign this form to get started!

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit/debit card. You will be charged each billing period for the total amount due for that period. This means that payments will always be made on time, and you will never incur late fees from us! A receipt will be emailed to you and the charge will appear on your credit card or bank account statement. You agree that no prior notification will be provided to you if the total payment is under \$500.00. If your bill is more than that amount, you will receive notice from us at least 7 days prior to the payment being collected.

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### Please complete the information below:

\_\_\_\_\_ authorize Malczewski's Lawn Care to charge my credit/debit card after services are rendered for payment of the lawn/landscape services previously furnished to me.

I understand that I will only receive advance notice of the charge if it exceeds \$500.

Billing address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
Cardholder Name	_____	
Account Number	_____	
Expiration Date	_____	
CVV (3 digit security number on back of card)	_____	

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 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.

**Once completed, please return by email or mail.**

email: malczewskislawnca@hotmail.com  
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