



## AUTOMATIC BILLING AUTHORIZATION FORM

I authorize you to charge the credit card listed below:

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

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

Street address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

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

Expiration Date: \_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_

I authorize Kidnectivity to bill all charges to the above credit card. Since payment amounts may vary I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.

This authorization is valid until I provide you with written cancellation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_