



PLAN LLC
2501 SE California Ave, Ste. A
Topeka, KS 66605

Credit/Debit Card Authorization Form

Credit Card Authorization

Client Name _____

Name on Credit Card _____

Visa Mastercard American Express Discover

Card Number _____

Expiration Date: MM _____ YYYY _____ CVV code _____

Address on Card _____ City _____ State _____ ZIP _____

I authorize PLAN LLC to charge my credit card in the amount of \$ _____ and other such amounts as outlined in the agreed to Engagement Letter or previous agreements.

Signature _____ Date _____

Simply Type Name for Signature

Terms

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify PLAN LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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.

Fax this completed form to
785-354-1442

Or Phone 785-357-7777

Or Email
Mark@PlanLLC.org