



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 \_\_\_\_\_

## 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](mailto:Mark@PlanLLC.org)