

Payment Authorization Form

Credit Card Transactions

This **payment authorization form** sample is designed to facilitate secure credit card transactions by obtaining explicit consent from the cardholder. It ensures that all necessary details are accurately captured to prevent fraud and unauthorized charges. Using this form streamlines payment processing while enhancing customer trust.

Instructions: Please complete all fields. This authorization allows us to process your payment as agreed.

Cardholder's Name

Email Address

Phone Number

Credit Card Number

Expiration Date

CVV Code

Authorized Payment Amount (USD)

Authorization Date

Payment Description / Invoice #

☐ I authorize recurring charges for ongoing services or subscriptions.

By signing below, I authorize _____
(merchant/business name) to charge my credit card for the amount indicated. I certify
that I am the authorized user of this card and will not dispute this transaction.

Cardholder Signature

Date

Note: All information provided will remain confidential and used solely for payment processing.