



# Gotham Shuttle Service

## ACH / Credit Card Payment Authorization Form

You authorize Regularly scheduled charges to our Credit Card or Bank Account. You will be charged the amount indicated on the invoice for each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card or Bank Account Statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 2 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_ (full name) authorize **Gotham Shuttle Service** to charge my credit card or Bank Account below for \$ TBD, based on transportation beginning on \_\_\_\_\_ every 2 Weeks. This payment is for Non Emergency Medical Transportation. (date)

**Billing Details**

Billing Address \_\_\_\_\_ Phone #: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:	Visa	MasterCard	AMEX	Discover
Cardholder Name	_____			
Account Number	_____			
Expiration Date	_____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	_____			
	or			
	<u>Checking or Savings Account</u>			
Account Holders Name	_____			
Checking/Savings Acct#	_____	Routing#	_____	

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only, and is valid for continuous charges. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.