



Automatic Credit Card Billing Authorization Form

For convenient automatic monthly billing please complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. The charge on your statement will appear as Overwatch Consulting, LLC. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information

Name: _____ Phone: _____

Email address: _____

Payment Information

I authorize Digital Alchemy to automatically bill the card listed below.

Amount: _____

Frequency: Monthly

Start billing on: ___/___/___

End billing: customer provides written cancellation

Credit Card Information

Credit card type: _____ Credit card number: _____ Expires: ___/___

Cardholder's name:

(as shown on credit card)

Cardholder's Zip code (required): _____

CVV number (required): _____

Customer's signature:

Date: ___/___/___