



**Network Credit Services**

*"Your Credit Reporting Specialists" a division of* 

### **Automatic Credit Card Payment Form**

I, \_\_\_\_\_ authorize Network Credit Services to charge my monthly statement to the credit card listed below. I understand that my card will be charged on the 15<sup>th</sup> of each month or, if the 15<sup>th</sup> falls on a weekend or holiday, the next business day. I am responsible for reporting any changes in the following information.

Acct# \_\_\_\_\_

Account Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

CVV (3 digit security code) \_\_\_\_\_

CVV (4 digit if American Express) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address for Credit Card \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

( \*\*\*\*\* All information is required to set up for automatic payment \*\*\*\*\* )

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date