



Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card or Bank Transfer section below and sign the form. We will automatically bill your credit card or bank account for the amount indicated and your total charges will appear on your monthly credit card or bank statement. You may cancel this automatic billing authorization by contacting us at: morgan@p3.capital

Customer Information (to be completed by merchant)

Customer/Company _____
Contact Name _____ Account Number _____
Email Address _____ Phone _____ Ext: _____

Payment Information (to be completed by merchant)

Recurring Amount _____
Frequency Once Daily Weekly Twice/month Monthly Quarterly
(check one)
Start on _____ / _____ / _____ End on: _____ / _____ / _____
(check one)
 No End Date

Credit Card Information (to be completed by customer)

Card Type: Mastercard Visa Discover Amex Other _____
Cardholder Name _____ Cardholder ZIP Code _____
(as shown on card) (from credit card billing address)
Cardholder Address _____
Card Number _____ Expires _____ / _____
 Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Bank Information (to be completed by customer)

Bank Name _____ Bank Address _____
Routing Number _____ Account Number _____
Customer Signature _____ Date _____

I authorize, Polymath Principale Partners LP and its affiliates to charge as indicated in this authorization form in accordance with the terms and conditions outlined in the general consulting services agreement. I certify I am an authorized signer and I will not dispute the scheduled payments with my credit card company or bank provided the transaction correspond to the terms indicated in this authorization form.