



PO Box 160
Cambridge NE 69022
800-658-4266

AUTHORIZATION AGREEMENT FOR AUTO CREDIT/DEBIT CARDS

Customer Number

Account #(s) _____

I (we) hereby authorize Twin Valleys PPD to initiate charge entries to my (our) VISA or MASTERCARD account for payment of my Twin Valley PPD account(s) listed on form. Credit/Debit cards will be charged **on the 21st or closest business day of each month** and **Seasonal Accounts will be debited approximately 2 to 7 days after a billing.**

Cardholder Name _____ Primary Phone # _____

Card Billing Address _____ City _____ State _____ Zip _____

Mailing Address _____ Cell Phone # _____

Circle *VISA or MASTERCARD* & *DEBIT or CREDIT* Expiration
Date Month _____ YR _____

Card # _____ 3 # Verification (#'s on Back) _____

This authorization is to remain in full force and in effect until Twin Valleys PPD has received mail, fax or internet notification from me (or either of us) of its termination in such time and in such manner as to afford Twin Valleys PPD and the financial institution entered above opportunity to act on it.

Name(s) _____
(Please Print)

Signature(s): _____ Date _____