



**RECURRING PAYMENT AUTHORIZATION FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Re: Client: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Ref # \_\_\_\_\_

Original Balance: \_\_\_\_\_

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

I authorize Gragil Associates, Inc. to withdraw/debit my account indicated below \$ \_\_\_\_\_

{ } weekly, { } biweekly, { } monthly starting on \_\_\_\_\_ until my account is paid in full.

<input type="checkbox"/> Checking
Name on Acct _____
Address on Check _____
Bank Routing # _____
Last 4 Digits of Acct # _____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Last 4 Digits of Acct #	_____
Exp. Date	_____
CCV (3 digit number on back of card)	_____

**\*\*Please contact our office at 1-800-336-0299 with your complete checking/credit card account number.**

Signature \_\_\_\_\_ Phone# \_\_\_\_\_

**Form can be emailed, mailed or FAXED to:**

Gragil Associates, Inc.  
P.O. Box 1010  
Pembroke, MA 02359  
FAX: 781-826-6367  
clientservices@gragil.com