



# AUTO-CHARGE

## AUTHORIZATION AGREEMENT

Please complete the information below, mail, or bring into the business office at 652 Main Street, PO Box 398, Mediapolis, IA 52637. Questions? Contact the office at 319-394-3456.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Credit Card Type (Visa, Mastercard, Discover, Am. Exp.)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
3 digit security code (on back of card)

\_\_\_\_\_  
Cell Number

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

\_\_\_\_\_  
MTC Technologies Account Number

\_\_\_\_\_  
Signature

I (we) authorize MTC Technologies and the above named credit card company to initiate debit entries to my account. This authority will remain in effect until I (we) notify MTC Technologies in writing to cancel it in such time as to afford the credit card company and MTC Technologies a reasonable opportunity to act. Also, I (we) agree that I (we) remain obligated to pay for services in the event that a charge to my account is dishonored, for whatever reason. I (we) acknowledge that the origination of credit card transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date