

EA CORNERSTONE, LLC

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Payment Authorization Form

With the completion of this form, you authorize EA Cornerstone, LLC to automatically charge your bank account or credit card. For single service engagements, your payment method will be charged upon completion of work. For recurring engagements, your payment method will be charged on the agreed upon date each month. For specific engagements requiring a retainer, your payment method will be charged according to agreed terms.

Please complete the information below:

I, _____, authorize EA Cornerstone, LLC to charge my credit card or
(Full Name)
bank account as indicated below for payment of my outstanding invoices based on the terms noted above.

| Billing Information for Services | | |
|--|------------------|-----------|
| Credit Card Information | | |
| Name as Appears on Card: | | |
| Card Number: | Expiration Date: | |
| CVV (3 digits on the back of Visa/MasterCard/Discover, 4 digits on front of American Express): | | |
| Billing Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | | |
| Bank Account Information | | |
| Name on Bank Account: | Checking | Savings |
| Bank Account Number: | Routing Number: | |
| Street Address: | Phone #: | |
| City: | State: | Zip Code: |

*I authorize the above-named business to charge the credit card or ACH the bank account indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing at least 15 days prior to the next charge date. I also agree to notify the business in writing of any changes in my account information. I certify that I am an authorized user of this credit card or bank account, and that I will not dispute the scheduled payments with my credit card company or bank provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____

EMAIL ADDRESS for receipt _____