



## Recurring Payment Authorization Form

Please complete, sign and return to:

Email: [wholesale@niedlovs.com](mailto:wholesale@niedlovs.com)

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. A receipt for each payment will be mailed to you, along with a statement indicating which invoices it was applied to. You agree that no prior-notification will be provided unless the date changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

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### Please complete the information below:

I \_\_\_\_\_ authorize **Niedlov's Breadworks** to charge my credit card  
(full name)

on the 1<sup>st</sup> and 15<sup>th</sup> of each month for the payment of bread and delivery.

### Credit Card Information:

Visa                       MasterCard                       Amex                       Discover

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

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Niedlov's Breadworks in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

