



329 Broad St (Rear) Bloomfield NJ, 07003

Phone:973-680-0097 Fax:973-680-0202

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Essex County Recovery Bureau, Inc. to make a one-time charge to your credit/debit card listed below.

By signing this form you give Essex County Recovery Bureau, Inc. permission to charge your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any addition unrelated debits, charges or credits to your account.

Please complete the following:

I _____ authorize Essex County Recovery Bureau, Inc. To charge
(Full name/ Business Name)
my credit/debit card account indicated below for the amount of \$_____. This payment
(Amount)
Is for _____
(Service Provided)

Billing Address: _____ Phone#: _____

City ,State, Zip: _____ E-mail: _____

Account Type: Visa _____ MasterCard _____

Cardholder Name: _____ Account #: _____

Expiration Date: _____ CVC #: _____

SIGNATURE: _____ DATE _____

I authorize the above named business to charge the credit card indicted in the authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.