

## One (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize City Floors & More LLC to make a one-time charge to your checking account listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_ authorize City Floors & More LLC to debit my  
(Account Holder's Full Name)

checking account indicated below for \$ \_\_\_\_\_ on \_\_\_\_\_.  
(Amount \$) (Date)

This payment is for Flooring, Bathroom, Cabinet Products and Service. (circle with products)

### Billing Information

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

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

### ACH Details

Name on Account \_\_\_\_\_

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

Routing Number \_\_\_\_\_

I authorize City Floors & More LLC to debit the amount indicated in this authorization form according to the terms outlined above. This payment authorization is for the products/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and 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.

SIGNATURE \_\_\_\_\_  
(signature)

DATE \_\_\_\_\_