

Dakota Depository Company, LLC

1437 42nd St S

Fargo, ND 58103

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Fax 701.335.7847

Phone 855.532.5682

Automatic Credit/Debit Card Payment Authorization

<i>Customer Information</i>			
Account Name		Owner ID	
<i>Card Information</i>			
Name As Shown on Card			
Business Name (If Applicable)			
Billing Address 1		Phone Number	
Billing Address 2		Email Address	
City	State	Postal Code	Country
Credit/Debit Card Number			
Exp Date		CCV Code	

I authorize Dakota Depository Company, LLC to charge my credit/debit card for services and/or products provided to me, to verify the billing address of my credit/debit card with the issuing bank, and to keep this authorization form on file. If Dakota Depository Company, LLC is unable to process my payment I will be responsible for an alternate payment arrangement and any late fee which results. This authorization remains in effect until I provide notice that the authorization is cancelled. Notice of cancellation must be provided in writing and will take effect 15 days after such notice is received by Dakota Depository Company, LLC.

By signing this authorization, I acknowledge that I have read and agree to all of the terms above and that all information provided is complete and accurate.

Signature: _____ Date: _____