



CORDASCO & COMPANY LLC

Credit Card Authorization Form

I/We hereby authorize Cordasco & Company, LLC to initiate a withdraw of _____ from my/our checking account at the financial institution as selected below. This authority will remain in effect for future incurred fees until Cordasco & Company, LLC is notified by me/us, in writing, to cancel it in such time as to afford Cordasco & Company, LLC and the financial institution a reasonable opportunity to act on the request to cancel..

VISA
MasterCard
American Express
Discover

Cardholder Name _____

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

Billing Address: _____

Signature

Date

EMAIL COMPLETED FORM TO RFENTON@CORDASCOCPA.COM OR FAX TO 912-353-7801

