



**Comtactics**  
711 E. Monument Ave.  
Dayton, Ohio 45402  
1.800.975.5161

**Credit Card Recurring Payment Authorization Form**

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your Visa, MasterCard or Discover card. You will be charged each month for \$9.95. The charge will appear on your credit card statement from the Ohio Minority Biz management Team – Comtactics.

**Please complete the information below:**

I, \_\_\_\_\_ authorize Comtactics to charge my credit card  
(full name)

indicated below on the first day of each month to continue my monthly access to the Ohio Minority Biz Bid Portal.

Business Name \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ City \_\_\_\_\_

Email Address \_\_\_\_\_



Account Type:  Visa  MasterCard  Discover

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

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

Expiration Date Month: \_\_\_\_\_ Year: \_\_\_\_\_

CVV (3 digit number on back of Visa/MC) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Please Fax Form to: 1.877.865.9622