## **Authorization Agreement for Automatic Credit Card Billing**

I hereby authorize Housekeeping Unlimited, Inc. to initiate a monthly charge to my credit card indicated below. I understand that this amount will vary depending on the amount of services rendered. I also understand that if I wish to dispute a charge, it is my responsibility to contact Housekeeping Unlimited.

Billing Name On Account	• V	AasterCard Visa Discover Amex
Billing Address	16 Digit Credit Card Number	CVS
Billing City, State, Zip Code	Expiration Date	
	Charge the card on the nearest business day after the:	<ul> <li>1<sup>st</sup></li> <li>15<sup>th</sup></li> </ul>
received written notification from me o as to afford Housekeeping Unlimited a	and effect until Housekeeping Unlimited of its termination, in such time and in such reasonable time to act on it. I recognize of any change in accounts to insure that proceedings of the such termination of the such termin	ch manner e that I
	HKU Account Number	
	Customer Name (please print)	
	Customer Signature Da	ite