



Credit Card Authorization Form – Recurring Payment

Please complete all fields. Your card will be processed for the monthly recurring amount listed below, **plus a 3% service charge.**

Please return authorization form to Kayla Padilla-Gossett via mail, e-mail: padilla@sierrahr.com, or fax: 559-437-0500

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover (We do not process AMEX cards at this time).
Cardholder Name (as shown on card): _____
Card Number: _____ Security Code: _____
Expiration Date (mm/yy): _____
Cardholder billing address: _____ _____
E-mail address: _____
Client Name: _____

I, _____, authorize SIERRA HR PARTNERS, INC to charge my credit card above for the monthly recurring amount of _____.

Customer Signature

Date



E-Check Authorization Form – Recurring Payment

Please complete all fields. Your card will be processed for the monthly recurring amount listed below, **plus a \$2.00 service fee. The limit on e-check payments is \$5,000.**

Please return authorization form to Kayla Padilla-Gossett via mail, e-mail: padilla@sierrahr.com, or fax: 559-437-0500

Bank Account Information
Account Type: <input type="checkbox"/> Personal Checking Account <input type="checkbox"/> Personal Savings Account <input type="checkbox"/> Business Checking Account <input type="checkbox"/> Personal Checking Account
Full name (as shown on account): _____
Account Number: _____
Routing Number: _____
Billing address: _____ _____
E-mail address: _____
Client Name: _____

I, _____, authorize SIERRA HR PARTNERS, INC to charge my bank account listed above for the monthly recurring amount of _____.

Customer Signature

Date