

Credit Card Auto-Payment Enrollment Form

Please fill out the following information and [email](mailto:srudloff@newzgroup.com) (srudloff@newzgroup.com) or fax to Newz Group at 573-474-1001. Your card will be charged on or around the first of every month. You will receive an emailed receipt at the time the charge is processed, and the invoice will be emailed within one business day after the payment has been received in our system.

Account Number :

Organization Name :

Credit Card Number :

CVV Security Code: **CALL 800-474-1111 TO PROVIDE NUMBER**

Expiration Date :

Cardholder's Name :

Billing Address for Card :

Phone Number :

E-mail Address :

Print Name : _____

Signature : _____

Date :

Thank you for choosing

newzgroup

Newz Group
PO Box 873
Columbia, MO 65205
800-474-1111