

Austin Technology Incubator Credit Card Payment Authorization Form

The following information is considered private and confidential and will be kept in a secure file at the Austin Technology Incubator and IC² Institute premises. Only authorized staff will have access to the data provided. This Authorization Form may be used to authorize scheduled monthly invoice payments for the entire term of your contract or to authorize a one-time only credit card charge. Please fill in this form completely and indicate your preferences clearly.

Choose One:

- One Time only

By the means of my signature below, I authorize Austin Technology Incubator and IC² Institute of The University of Texas at Austin to charge the credit card listed below for a one time credit card payment for my monthly invoice.

- Term of Contract Date: _____ to _____

By the means of my signature below, I authorize Austin Technology Incubator and IC² Institute of The University of Texas at Austin to charge the credit card listed below

Please circle the card you will be using (UT only accepts MasterCard, Visa and Discover)

MasterCard Visa Discover AMEX

Name as it appears on the card: _____

Credit Card Number: _____

Expiration Date: _____ Billing Zip Code: _____ (If your card is set to expire during the term of your contract, it is the card holder's responsibility to report a new expiration date to ensure that payments are received on time.)

Signature

Date