CREDIT CARD AUTHORIZATION

Union Solutions LLC

703 East Tremont Avenue, FL2 • Bronx, NY 10457

Cardholder Name:

Billing Address:

Phone:

Email:

Card Number: Exp: CVV:

Amount Authorized: DMV Service:

Payment Type: ☐ **One-Time Payment** ☐ **Recurring Payment**

AUTHORIZATION

I authorize Union Solutions LLC to charge the credit or debit card listed above for the payment type selected and the amount authorized for the DMV service requested. If 'Recurring Payment' is selected, I authorize recurring charges until the services or payment plan are completed or I revoke this authorization in writing, subject to applicable law.

Cardholder Signature: _____ Date: _____