

# Credit Card Auto-Payment Enrollment Form

Please fill out the following information and [email](mailto:sfrieling@newzgroup.com) (sfrieling@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 :

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  
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