

Business Name: \_\_\_\_\_

## Payment Plan Authorization Form

First Name	Middle Name	Last Name
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### Payment Plan

<input type="checkbox"/> Single	Date: Month: _____ Day: _____ Year: _____ (Start Date must be at least 15 business days from date form is sent)	
	Payment Amount \$ _____	
<input type="checkbox"/> Recurring	Every: _____ <input type="checkbox"/> Day (s) <input type="checkbox"/> Week (s) <input type="checkbox"/> Month (s)	
	Start Date: Month: _____ Day: _____ Year: _____ (Start Date must be at least 15 business days from date form is sent)	
	End Date: Month: _____ Day: _____ Year: _____	
	<input type="checkbox"/> Fixed Amount	<input type="checkbox"/> Variable Amount
	Each Payment Amount \$ _____	I understand I will receive notice only if the amount is more than \$ _____ OR outside the range of \$ _____ to \$ _____
	Number of Payments: _____	Number of Payments: _____

### Customer's Bank Information

Bank: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Bank Address: \_\_\_\_\_

Checking Account (or)  Savings Account

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ (Please attach one voided check to this form)

### Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new authorization form.

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to " \_\_\_\_\_ " 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or " \_\_\_\_\_ " due to NSF (Non-sufficient Funds). I will be liable to pay and NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and " \_\_\_\_\_ " harmless from damage, loss or claim resulting from all authorized actions hereunder.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Second authorized signature  
of bank account (if required): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**A cancelled or voided check from the customer's bank account must be stapled to this authorization form.**