



Individual Name: _____
Please print First Middle Last

Company Name: _____

Address: _____

City/State/Zip: _____

ORDER # _____

Email: _____

CUSTOMER # _____

Work Phone: (_____) _____

Payment Plan Schedule

One-time Payment

Payment Amount: \$ _____ Payment Date: _____

CUSTOMER BANK ACCOUNT INFORMATION

Name as it appears on Bank Account: _____

Bank Name: _____

Bank Phone Number: _____

Account Type: Checking Savings

Routing Number: _____ (9 digits)

Account Number: _____

Payment Authorization

I authorize the Business identified above, Service Provider, and/or bank to electronically debit the personal bank account or the business bank account of which I am an authorized signor as identified above to the terms stated here and if necessary to electronically credit the bank account to correct erroneous debits.

I understand any additional amounts and/or changes to the amount, frequency, or bank account number will require a new ACH Debit Payment Authorization Form to be filled out and submitted to the Business identified above.

I understand that this payment plan may be cancelled by the Business identified above, the Service Provider, and/or the bank due to NSF (Non-sufficient Funds). I will be liable to pay an 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 with the Business identified above. I indemnify and hold the Business identified above, the Service Provider, and/or the bank harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ Date: _____

Second Authorized Signature
of Bank Account if Required: _____ Date: _____