

**AUTHORIZATION AGREEMENT AND PAYMENT SCHEDULE
for Direct Payments (debits) by Checking Savings or Credit Card**

Company (name): _____

I (we), the undersigned, hereby authorize Company and Company's agent, Transaction Processing Partners of Texas, Inc. ("Agent") to initiate debit entries to the credit card or bank account, as provided herein, at the depository financial institution below ("Bank") or credit card issuing bank ("Issuer") and Bank or Issuer to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) further understand that this authorization will remain in full force and effect until Company or Agent has received written notice of its termination in such time and in such manner as to afford Company, Agent and Bank a reasonable opportunity to act on it.

I (we) waive my right to receive advance notice of the deduction associated with the services provided by Company or Agent and further authorize a **\$35.00** service charge for returned, unpaid drafts from the Bank and other fees and charges to be paid under this agreement. I (we) further warrant that I (we) are the owners or authorized signers on the referenced accounts and that I (we) have full authority to enter into this agreement.

Account Type: Checking Savings Credit Card

Account Number: _____ **Expiration Date** (if account type is credit card): ____/____/____
Credit card or checking/savings account number Mo Year

Routing Number: (if account type is Checking or Savings): _____ _____
Please attach a voided check (no deposit slips) Enter the 9 digits on the bottom of the check between the ⑆ symbols

Signature _____ **Date** ____/____/____

Printed Name: _____ **Birth Date** ____/____/____

Street Address: _____

City: _____ **State:** ____ **Zip:** _____ **Home Phone:** _____

Payment Schedule

<input type="checkbox"/> One time payment. Payment amount: \$ _____. Payment date: ____/____/____.
<input type="checkbox"/> Recurring payment Recurring payment amount: \$ _____. Date of first payment: ____/____/____. <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Repeating (select monthly or weekly): <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><input type="checkbox"/> Monthly Payments will be made (select one): <input type="checkbox"/> Every month (monthly). <input type="checkbox"/> Every two months (bi-monthly). <input type="checkbox"/> Every three months (quarterly). Payments will be made on the ____ (day of the month).</div><div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><input type="checkbox"/> Weekly Payments will be made every ____ week(s). Payments will be made on: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thr. <input type="checkbox"/> Fri.</div></div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Duration (select one of the following): <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><input type="checkbox"/> Continue until ____ payments have been made. <input type="checkbox"/> Continue indefinitely (until stopped by you or customer). <input type="checkbox"/> Continue until the balance of \$ _____ is paid. <input type="checkbox"/> Continue until ____/____/____</div></div>