



PAYMENT AUTHORIZATION FORM

Client Name	Phone	Email
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AUTHORIZATION

List all plans to be included in reoccurring billing. Payments are processed on the first of each month.

Amount	Company	Plan
Amount	Company	Plan
Amount	Company	Plan

Additional fees to include if any.

Amount	Charging Entity
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Check the box and complete the information for your desired payment method.

ACH Payment

Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Account
Bank Name	Routing Number
Bank City/State	Account Number

Credit Card Payment – add 3% of monthly amount

Card Holder	Card Number	
CVC Code/Security Code	Expiration Date	
Billing Street Address	Billing Zip	

I authorize Planstin to charge my bank account or credit card as indicated above and include all fees or plans outlined. Returned payments are subject to a \$25 returned payment fee.

Client Signature

Name

Date