

PAYMENT AUTHORIZATION

Business Name _____

Name: _____
(Please Print) First Middle Last

Address: _____ City/State/Zip: _____ Work Phone: _____

Payment Plan Schedule

METHOD OF PAYMENT: ACH TRANSFER CREDIT CARD

Recurring Debit Every: ____ Day(s) ____ Week(s) ____ Month(s)

One-Time Payment

ACH Debit Upon Written Request (Amount / Date)

Payment Amount _____

Start Date: _____ End Date: _____

Customer Bank Account / Credit Card Information

Bank: _____ Phone Number _____

Routing Number: _____

Account Number: _____

Credit Card Type: _____ Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____ 3 Digit CVV Code: _____

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

I understand that if the total amount owed to SWICKtech is increased, I authorize this plan to continue as long as the payment amount owed to SWICKtech 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 ACH Debit 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 SWICKtech 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by SWICKtech or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay and NSF fee of \$25.00 (or amount allowable by law), which may be automatically debits 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 SWICKtech, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Client Signature: _____ Date: _____

Second Authorized Signature
Of Bank Account (if Required): _____ Date: _____