

Electronic Payment Authorization Form

CONTACT/BILLING INFORMATION

Name: _____ Email: _____
 Address: _____ Phone: _____
 City, State, Zip: _____ Fax: _____

PAYMENT PLAN

Current Balance: \$ _____ Start Date: ____/____/____
 Number of Payments or Payment Amount: \$ _____ OR # _____
Frequency of Payments
 Monthly Weekly One-time
 Bi-Monthly Quarterly
 Surcharge per payment: \$ _____
 Total Amount per Payment: \$ _____

BANKING INFORMATION

Method of Payment: CHECKING SAVINGS CREDIT CARD DEBIT CARD

| | |
|---------------------------------|--------------------------------------|
| Banking Information | NOTES |
| Routing Number (9 digits) _____ | Account Number _____ |
| Credit Card Information | |
| Credit Card Number _____ | Expiration Date _____ |
| Name On Card _____ | Billing Address (if Different) _____ |
| | City _____ State _____ Zip _____ |

PAYMENT AUTHORIZATION

I authorize Modern Payment Technology, Inc., on behalf of _____ "Company" to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full or Company receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Company reasonable opportunity to act (min 30-days)

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

All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to Modern Payment Technology, Inc. 15-days prior to any change being implemented. I understand that this payment plan may be canceled by Company or Modern Payment Technology, Inc., due to Non-Sufficient Funds (NSF). I understand that I will be liable to pay the NSF fees that will be charged by my bank. In the event that the Company is charged an NSF fee by the bank or a revoke authorization fee, I understand that I will be liable to pay these fees and authorize the Company to debit my account for these amounts.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold Company, the bank, and Modern Payment Technology, Inc. harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature

Date

