

SmartPay® SYSTEMS
PO BOX 3420
SAN DIMAS, CA 91773
(909) 599-9654

AUTHORIZATION AGREEMENT FOR RECURRING DRAFTS (EFT)

New / Renew / Rewrite

School/Business Name _____

I hereby authorize the **SmartPay® SYSTEMS** (hereinafter called COMPANY) to draft _____ number(s) of payments of \$ _____ each, totaling the agreed amount of \$ _____, as debit entries to my (Checking Savings Credit Card) and the depository named below (hereinafter called DEPOSITORY) to debit the same to such account.

<p>ATTACH VOIDED CHECK OR COPY</p>	<p>DRAFT DATE - Check one - <input type="checkbox"/>2nd <input type="checkbox"/>10th <input type="checkbox"/>17th <input type="checkbox"/>25th I understand I am in full control of my payments, and if at any time I decide to discontinue the SmartPay® payment method, I will notify the COMPANY in accordance with the instructions below.</p>	<p>DATE OF FIRST DRAFT</p>
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DEPOSITORY - Name of my bank _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

CHECKING: TRANSIT/ABA # _____ ACCOUNT # _____

CREDIT CARD Visa MasterCard Other _____ Expiration Date ___/___/___

This authorization is to remain in full force and effect until the agreed amount is paid in full or until COMPANY has received 15 days advance written notice from me of its termination. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by COMPANY, provided I send written notice of such debit entry in error to COMPANY within fifteen (15) days following issuance of the account statement or forty-five (45) days after posting, whichever occurs first. All drafts issued that result in a returned item shall incur a \$25 service fee.

NAME	LAST	FIRST	MI
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ADDRESS _____ CITY _____ STATE _____ ZIP _____

SSN -- HOME PHONE (____) _____ BUS. PHONE (____) _____

DATE _____ SIGNATURE _____