

EXTRAS! Management

Electronic Funds Transfer PAYMENT AUTHORIZATION

Client Name: _____ Account number: _____

Card Type: MC _____ Visa _____ (NO AmEx) Credit _____ or Debit _____

Card Number: _____ Exp. Date _____ - _____ - _____

Name on Card: _____ Security Code on Back: _____

Billing Address: _____

City: _____ St: _____ Zip: _____

Signature of CC Holder _____

Transfer of \$ _____ (\$75 or \$60) on the 5th ___ or the 15th ___ day of each month (check one).

If this date or any future dates fall on a weekend or holiday, your EFT will occur on the next business day.

To begin this plan you must be paid in full with a zero balance. If you have a balance it can be put on the credit card now.

I authorize Extra's Management to transfer funds in the amount of \$ _____ to bring my account to a zero balance, then each month to make my monthly payment, maintaining a zero balance.

The Extra's Management electronic Funds Transfer system is a continuous plan. I understand that this plan will remain in effect as long as my account is in good standing. I agree that Extra's Management may pursue all avenues of collection, including the use of collection agencies. I understand there will be a \$15.00 service charge added to all transfers that are rejected.

Extra's Management requires your signature and written notification **30 days prior to your draft date** (date transaction will occur) to alter the method of payment on the account or for termination of the account. _____ **Client's Initials**

Privacy/Security Statement:

Extra's Management is very concerned about the privacy of its members and maintains their personal information in confidence. This information is for the purpose of billing. Your records will not be released to any third party.

Client Signature: _____ Date: _____