

## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Authorization information:**

I \_\_\_\_\_

Authorize The OLB Group/ShopFast, GHM Benefits or its affiliates to charge my bank account or Credit Card indicated below on the 1<sup>st</sup> of each Month for payment of my Benefits Package.

For the total amount of \_\_\_\_\_

Billing Address \_\_\_\_\_


Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_





Email \_\_\_\_\_

**Checking / Savings Account**

**Credit Card**    

Checking	Savings	
Name on Acct _____		
Bank Name _____		
Account # _____		
Bank Routing # _____		
Bank City / State _____		

Visa	Master Card	Amex	Discover
Card Holder Name _____			
Credit Card # _____			
Exp. Date _____			
Security Code _____			

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify OLB/ShopFast in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that OLB/ShopFast may at its discretion attempt to process the charge again within 30 days and agree to an additional \$10 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature: \_\_\_\_\_