

Credit Card Payment Authorization

Exhibit A



Payment Plan Authorization

Account Holder Information

Student Assist Plus Member: _____

Billing Address: _____

City / State / Zip: _____

Telephone: _____ Email: _____

Payment Plan Schedule

Start Date: _____

Monthly Payment: \$29.99

Customer ACH Information

Bank: _____

Routing Number: _____

Account Number: _____

Customer Credit Card Information

Name on Card: _____

Card Type: _____ Issuing Bank: _____

CC #: _____

CC Expiration: ____ / ____ CVV: _____

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 15 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider 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 Payment Authorization Form.

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form (Exhibit A) to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds).

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 the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ Date: _____