

Payment Authorization Form

Account Reference: {{ACCOUNT # / AGENCY REF}}

Agency/Payer: {{AGENCY NAME}}

A. Monthly Billing Authorization

Credit/Debit Card:

 {{Card number entered}} {{EXPDATE}} {{CSV}}
 {{Billing Address entered}}

OR

Bank Name:

Routing Number:

Account Number:

Payment schedule: weekly biweekly monthly

for monthly bill payment/set up fee: Amount Charged {{subscription_plan}} {{subscription_price}}
plus any additional overage

I authorize Chain Software group and its processor to debit the account/card listed above for the amounts and schedule I selected. I understand I can cancel a future payment by contacting Chain Software Group at least **3 business days** before the scheduled debit. Any declined ACH transitions are subject to a \$50 returned check fee. Non payment will result in termination of services until payment is made.

I attest I am an authorized user of the payment method.

Signature: _____ **Date:** //_____

Disclosures: Payments are processed by third-party processors. Returned payments may incur fees allowed by law.

(For electronic authorization, collect name, last-4, consent checkbox with exact text, and display a receipt confirmation number.)
