

PAYMENT AUTHORIZATION AGREEMENT

By signing below, you are authorizing SCI Shared Resources, LLC (SCI) to automatically charge your credit or debit card for the contract specified on this form. I (we) authorize SCI, hereinafter called Company and the bank merchant indicated below, hereinafter called Bank Merchant, to initiate the charge in the payment amount below to my credit or debit card. If this is a recurring payment, this Authorization is to remain in full force and effect until Company or Merchant Bank has received notification from me of its termination in such time and manner as to afford Company and Merchant Bank reasonable opportunity to act on it; or until Company or Merchant Bank has advised me of Company's or Merchant Bank's termination of this agreement.

CONTRACT INFORMATION	
Amount of Payment	\$
Contract Number:	
Single Payment or Recurring Payment?	<div>Single Payment</div> <div>Recurring Payment</div>
If this is a single payment, your payment will be processed TODAY. If this is a recurring payment, please circle the <u>DAY</u> of the month you want the debit to occur.	<div>5th</div> <div>10th</div> <div>15th</div> <div>20th</div> <div>25th</div>

CUSTOMER AUTHORIZATION FOR SINGLE OR RECURRING CREDIT CARD TRANSACTIONS		
Signature and date required below:		
Printed Name	Signature	Date

After the credit card information has been processed, the bottom portion of this form MUST BE removed, redacted and shredded.

The bottom portion should never be emailed, faxed or scanned into HIMS!

✂ -----cut here-----

CREDIT CARD INFORMATION	
Name as it Appears on the Credit/Debit Card	
Credit Card Merchant	MasterCard Visa American Express Discover
Credit Card Number	
Expiration Date	
Billing Zip Code	
CVV/Security Code	