



FishForMen
Payment Plan Authorization Form

Donor Information

Form with three columns: First Name, Middle Name, Last Name

Payment Plan

Form with fields for frequency (Every: Day(s), Week(s), Month(s)), Start Date, End Date, Payment Amount, Fee Per Transaction, Total Amount of Each Payment

Customer's Bank Information

Form with fields for Bank, Phone Number, Address, Routing Number, Account Number

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 30 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 authorization form.
All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to FishForMen 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or FishForMen due to NSF (Non-sufficient Funds). I will be liable to pay and NSF fee of \$25.00 (or the amount allowable by law).
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 FishForMen harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ Date: _____
Second authorized signature of bank account if required: _____ Date: _____

A cancelled or voided check from the customer's bank account must be stapled to this authorization form. For processing of your donation please complete and return to: FishForMen P.O. box 2493, Jonesboro, GA 30237-2493

