



Health Agents for America  
 2776 Sorrel Ave . Baton Rouge, LA 70805 – PO Box 65128, Baton Rouge, LA 70896  
 225-388-5400(PH) . 225-388-5400 (FAX) . 1-855-981-4232 (HAFA)

**Recurring Payment Plan Authorization Form  
 Bank Account or Credit Card**

Schedule your payment to be automatically deducted from your checking account, or charged to your Visa, MasterCard, American Express or Discover Card.

**The Recurring Payment Plan will help you in several ways:**

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

**Here's how the Recurring Payment Plan works:**

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged each billing period the total amount due for that period. A receipt of payment will be emailed to you and will appear on your statement.

**Please complete the information below:**

I \_\_\_\_\_ authorize Health Agents for America, Inc. to charge/debit my  
 (name)

account on the \_\_\_\_\_ of each month for payment of my bill.  
 (date of transaction)

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

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

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

Congressional:	<u>\$18 per month</u>
Senatorial:	<u>\$43 per month</u>
Presidential:	<u>\$126 per month</u>

**Checking/ Savings Account**

Checking       Savings


Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



**Credit Card**

Visa       MasterCard

Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV (3 digit number on back of card) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I agree to notify the business in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the company's recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.