

Health Agents for America 2776 Sorrel Ave . Baton Rouge, LA 70805 PO Box 65128 855-981-4232 (PH) . 855-981-4232 (FAX)

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 (name)	Health Agents for America, Inc. to charge/debit my
account on the of each month for payment of my bill. (date of transaction)	
Billing Address	Phone#
City, State, Zip	Congressional: <u>\$23 per month</u> Senatorial: <u>\$48 per month</u> Presidential: <u>\$126 per month</u>
Checking/ Savings Account	Credit Card
Checking Savings	□ Visa □ MasterCard
Name on Acct	Amex Discover
Bank Name	Cardholder Name
Account Number	Account Number
Bank Routing #	Exp. Date
Bank City/State	CVV (3 digit number on back of card)
Routing Number Account Number	

SIGNATURE ____

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debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date.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.

DATE