



Health Agents for America- Political Action Committee  
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## 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 HAFAPAC 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>\$10 per month</u>
_____	Senatorial:	<u>\$50 per month</u>
_____	Presidential:	<u>\$100 per month</u>

### Checking/ Savings Account

Checking       Savings

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

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

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

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

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



### Credit Card

Visa       MasterCard

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debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date.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