JAS BUSINESS STRATEGIES, LLC

RECURRING PAYMENT AUTHORIZATION FORM

Customer Name: _____   Home Phone Number: _____

Business Name: _____   Business Phone Number: _____

Address: _____   Cell Phone Number: _____

_____

Email Address: _____

Monthly Amount: $_____

Checking/ Savings Account	**Credit Card (3% service fee applies)**
☐ Checking ☐ Savings	☐ Visa ☐ MasterCard
	☐ Amex ☐ Discover
Name on Acct _____	Cardholder Name _____
Bank Name _____	Card Number _____
Account Number _____	Exp. Date _____
Bank Routing # _____	CVV Code: _____
Bank City/State _____	**Notice to cardholder: (Please read before signing)** Cardholder agrees that his/her signature on this form constitutes his/her signature on file and becomes his/her agreement to pay all charges as signed by the cardholder. Cardholder agrees that JAS Business Strategies, LLC is authorized to charge an additional 3% service fee to all recurring credit card transactions.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify JAS Business Strategies, LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds will be withdrawn from my account on the same day each month. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that JAS Business Strategies, LLC may at its discretion attempt to process the charge again and agree to an additional $25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. I understand that in the event 1.) My credit card expires or 2.) The charges for my monthly service changes, I will be required to fill out another payment authorization form.

Cardholder signature: _____   **Date:** _____