

EXTRAS! Management

Electronic Funds Transfer PAYMENT AUTHORIZATION

Client Name: _____ Account number: _____

Credit Card Transfer Type of Card: Credit _____ Debit _____

Credit Card: MC _____ Visa _____ PLEASE PRINT NEATLY

Card Number: _____ Exp. Date _____ --

Name as shown on Card: _____

Address where CC bill is mailed: _____

City _____ State _____ ZIP CODE: _____

Signature of CC Holder _____ Phone #: _____

Transfer of \$ _____ (\$79 or \$64 or balance due) on the 5th ___ or the 15th ___ day of each month.

To begin this plan you must be paid in full with a zero balance. If you have a balance it can be put on the credit card now.

I authorize Extras! Management to transfer funds in the amount of \$ _____ (new clients \$0.00) to bring my account to a zero balance, then each month to make my monthly payment, maintaining a zero balance.

The Extras! Management electronic Funds Transfer system is a continuous plan. I understand that this plan will remain in effect as long as my account is in good standing. I agree that Extras! Management may pursue all avenues of collection, including the use of collection agencies. I understand there will be a \$15.00 service charge added to all transfers that are rejected.

Extras! Management requires your signature and written notification **30 days prior to your draft date** (date transaction will occur) to alter the method of payment on the account or for termination of the account.

_____ **Client's Initials**

Privacy/Security Statement: Extras! Management is very concerned about the privacy of its members and maintains their personal information in confidence. This information is for the purpose of billing. Your records will not be released to a third party.

Client Signature: _____ Date: _____

207 So. Flower St., Burbank, CA 91502-2102

Accounting: (818) 972-9474 ext 2 M-TH 10:30 am - 1:00 pm

Please mail to: EXTRAS! Management, PO Box 800996, Santa Clarita, CA 91380-0996