

CITY OF COAHOMA
P.O. BOX 420
COAHOMA, TX. 79511



Electronic Payment Authorization Form

| COMPANY INFORMATION | | | |
|---------------------|--|-------------|----------------|
| Company Name | | Merchant ID | |
| Street Address | | City | State ZIP Code |

| PAYOR INFORMATION | | | |
|-------------------|--|-------|----------------|
| Name and Title | | Phone | Fax Email |
| Address | | City | State ZIP Code |

| PAYMENT PLAN | |
|----------------------|--|
| Total Payment Amount | Start Date |
| Number of Payments | Frequency of Payments <input type="checkbox"/> One-Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other |
| Fee per Payment | Total Amount per Payment |

| PAYMENT INFORMATION | |
|---|--|
| <input type="checkbox"/> Charge my Bank Account | <input type="checkbox"/> Charge my Credit Card |
| Bank Name: | Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover |
| Name on Account: | Card Number: |
| RT Number: | Expiration Date: |
| Account Number: | |

| SIGNATURE AND AUTHORIZATION | |
|--|-------|
| <p>I authorize NetDeposit, LLC, on behalf of the Company to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full or Company receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Company reasonable opportunity to act (minimum of 30 days).</p> <p>I understand that if the total amount owed to Company is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to Company is paid off, or unless the plan is terminated earlier by me above. I understand any added amounts can be applied for with a new authorization form.</p> <p>All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to NetDeposit, LLC 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by Company or NetDeposit, LLC, due to Non Sufficient Funds (NSF). I understand that I will be liable to pay the NSF fees that will be charged by my bank.</p> <p>I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold Company, the bank, NetDeposit, LLC, harmless from damage, loss, or claim resulting from all authorized actions hereunder.</p> | |
| Signature | Date |
| Print Name | Title |

Faint header text at the top of the page.

Faint line of text, possibly a title or subject line.

Faint line of text, possibly a date or reference number.

Faint line of text, possibly a recipient address.

Faint line of text, possibly a salutation.

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Faint line of text, possibly a footer or contact information.

Faint line of text, possibly a final note or page number.