

## TFMS Recurring Payment Authorization Form

To enjoy the convenience of automatic recurring billing, simply complete all sections of this form and sign. All requested information is required. Upon approval, we will automatically debit your credit/debit card or draft your bank account for the amount indicated and your total charges will appear on your monthly statement. You may cancel the automatic billing authorization at any time by calling us.

Customer Information
Customer/Company Name: _____
Contact Name: _____
Company/Contact Address: _____
Phone #: _____ Email: _____
Payment Information
I authorize <b>Trinity Financial Management Solutions</b> to automatically debit the credit/debit card or bank account list below as specified:
Product/Service description <b>Coaching Services</b> _____
Recurring Amount \$ _____
Frequency (check one) <input type="checkbox"/> Weekly <input type="checkbox"/> Twice/month <input type="checkbox"/> Monthly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Quarterly
Start On _____ / _____ / _____ (Month) (Day) (Year)
Credit/Debit Card or Bank Information
Account Holder's Name _____ (as it appears on the card/bank account)
Credit/Debit Card type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex
Credit/Debit Card # _____
Cardholder Zip Code _____ Expiration Date _____ 3 Digit CSV _____ (for credit/debit card billing address) (security code back of card)
Name of Bank _____
Bank Routing # _____ Checking Account # _____
Customer's Signature _____ Date _____

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