

Please complete this form and fax back to 407-788-2960 attn: Janice Petteway or email to [jpetteway@cfl.rr.com](mailto:jpetteway@cfl.rr.com).

### Auto-Recurring Payment Authorization Form

We are pleased to offer you a new service—the Auto Recurring Payment Plan. Now you can have your payment automatically deducted from your checking or savings account, or charged to your Visa or MasterCard.

#### The Auto-Recurring Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're out of town.
- You can earn credit card reward points on all your payments
- Your payment is always on time—it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- It eliminates late charges

#### Here's how the Auto-Recurring Payment Plan works:

You authorize regularly scheduled charges to your checking/savings account or credit card. Then, just sit back and relax. You will be charged on schedule each billing period. And, proof of payment will be emailed to you, and will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date.

To take advantage of this service, complete this authorization form and return it to us.

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#### Please complete the information below:

I \_\_\_\_\_ authorize Janice Petteway to charge/debit my account in the amount of  
(customer name)

\_\_\_\_\_ for payment of my  Custom  Premium Coaching on a monthly basis.  
(enter \$) (please check one)

Account Type:  Checking  Savings  Credit Card

<b>Checking/Savings Account</b>
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____
If you are unsure of your account's routing number, please contact your bank for that information.

<b>Credit Card</b>
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Cardholder Name _____
Account Number _____
Exp. Date _____ CCV _____
Billing Address _____
City, State, Zip _____
Phone# _____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I agree to notify merchant 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. I understand that cancellations must be made in writing and I will not dispute merchant recurring billing with my credit card, so long as the amount corresponds to the terms indicated in this contract.