

4568 S. McMinn Drive Gilbert, AZ 85297 480-269-7542

Flex Pay Plan Recurring Payment Authorization Form

You can pay off your balance with a simple automated payment plan. It's easy to set-up, and your payments will take care of themselves. Just complete and sign the form below to get started! **Here's how the Payment Plan Works:**

We decide upon a mutually agreeable number of payments and a schedule. You authorize the regularly scheduled charges to your checking or savings account. A receipt will be emailed for each payment that includes information on how much you've paid off, how much is left, and your next scheduled payment and date. When the total due is collected, the schedule ends and the authorization is terminated.

| Please complete the information Total Due: | | |
|---|---------------------------------------|--|
| # Of Payments: | | |
| Initial (first payment) Amount: | Recurring Payment Amount: | |
| I(full name) | authorize Endless Creations to | o charge my bank account |
| And or credit/debit card shown beloand schedule indicated for my Flex | | ing installment payments in the amount |
| Billing Address | Phone | 2# |
| City, State, Zip | Emai | I |
| Name on Acct | FOR | outing Number Account Number |

I understand that this authorization will remain in effect until the debt is fully discharged or I cancel it in writing which ever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Endless Creations may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$35 charge** for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the company's recurring billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

DATE

SIGNATURE