PORTSMOUTH AIKIDO

# Autopay Billing Agreement

FULL NAME AS IT APPEARS ON YOUR CHECKING ACCOUNT

ADDRESS

CITY/TOWN STATE ZIP

PHONE NUMBER

– –

EMAIL ADDRESS

CHECKING ❑

SAVINGS ❑

ATTACH VOIDED CHECK TO THIS PAGE

BANK NAME

BANK/ROUTING NUMBER

BANK ACCOUNT NUMBER

| (We) hereby authorize Zen Planner to draft my (our) account indicated above. I understand that I am in full control of EFT payments. I may change payment method at any time with 15 day prior written notice. EFT data changes must be submitted 10 days prior to your next due date. This authorization not to exceed corresponding agreement.

Zen Planner reserves the right to add fee(s) to customer account balance should any of the following occur: re-clear customer check and/or EFT draft ($5), unpaid EFT draft ($15), credit card re-clear ($5), declined credit card debit ($15), unpaid credit card chargeback ($25), unpaid customer check ($15), scheduled payment of less than $25 received more than ten days after the due date ($5), and/or scheduled payment of $25 or more if received more than ten days after the due date ($10). Subject to appropriate State and Federal law.

SIGNATURE _____ DATE _____

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