Credit Card – Electronic Funds Transfer (EFT) Authorization Application

Company Name		
Customer Name (if applicable)		
Email		
Address		
City	State	Zip
PAYMENT INSTRUCTIONS		
○ One Time ○ Monthly ○ Annually ○ Quarterly		
PAYMENT METHOD		
CREDIT CARD INFORMATION		
○ VISA ○ MasterCard ○ Discover ○ American Express		
Name on Card		
Card Number		Exp. Date
Payment Start Date	Payment Amount \$	
BANK ACCOUNT INFORMATION		
○ Checking ○ Savings		
Bank Name		
City	State	Zip
Routing Number (nine-digits)	Account Number	
Routing numbers starting with 5 are invalid.		
I authorize the financial institution named above to accept Direct Payment instruction make corrections. The undersigned hereby authorizes TRAPP, and/or its authorized as adjusting credit/debits for entries made in error or entries requiring reversals due to rethe account indicated above and the depository named above is hereby authorized to payment is not made due to insufficient funds there will be a \$25.00 NSF service characteristic content.	gents, to initiate debit entries for pa eturned items to the account of the credit and/or debit the same to or	ayment of services. The undersigned authorizes a undersigned. All such entries shall be made to
I hereby authorize TRAPP hereinafter called Company, to initiate debit entries to my written notification of its termination in such time and in such manner as to afford Company and its agents harmless from any damage, loss or claim resulting from Com until your account is canceled. You must follow the cancellation procedure by contact terminate your account and discontinue billing.	ompany a reasonable opportunity to apany's authorized actions hereunde	o act on it (30 days). The undersigned holds er. Billing for monthly services will remain in effect
Payer's Signature		Date



SUBMIT FORM >

or email to accounting@trapptechnology.com