Electronic Funds Transfer (EFT) Authorization

Company Name		
Customer Name (if applicable)		
Email		
Address		
City	State	_ Zip
BILLING INFORMATION (If different from above)		
Email		
Address		
City	State	_ Zip
PAYMENT INSTRUCTIONS		
○ Monthly ○ Annually ○ One Time Payment Start Date _	Paymen	t Amount \$
PAYMENT METHOD		
CREDIT CARD INFORMATION		
○ VISA ○ MasterCard ○ Discover ○ American Express		
Name on Card		
Card Number	CCV#	Exp. Date
BANK ACCOUNT INFORMATION		
○ Checking ○ Savings		
Bank Name		
City	State	_ Zip
Routing Number (nine-digits)	Account Number	
Routing numbers starting with 5 are invalid.		
The undersigned hereby authorizes the financial institution indicated above to accept direct pabove. The undersigned hereby authorizes Trapp Technology, Inc. (the "Company"), and/or its authorizes adjusting debits/credit(s) for entries made in error or entries requiring reversal(s) of the undersigned's account indicated above and the depository named indicated above is her undersigned understands that if an electronic payment is not completed due to insufficient fu. The undersigned hereby authorizes the Company to initiate debit entries to my bank account written notice of termination of such authorization, such notice required to be received by the undersigned agrees to hold the Company and its agents harmless from any damage, loss or services will remain in effect until customer's account is canceled. Customer must follow the 877-942-2568 (option 1) to terminate the account and discontinue billing. FOR CLOUD CUSTOMERS ONLY: Prepaid Customers: amounts paid when selecting the prepaid option will be non-refundable of service will result in a refund of the unused portion of the prepaid amount, minus any prepaid of the company in the company of the prepaid amount, minus any prepaid customers.	s authorized agents, to initiate debit entriue to returned items to the undersigned eby authorized to debit and/or credit the inds, a \$25.00 service charge will be add. This authorization shall remain in full for company no fewer than thirty (30) days claim resulting from the Company's authorancellation procedure by contacting sa after the sixth (6th) month of service. Ser	es for payment of services. The undersigned is account. All such entries shall be made to e same from or to undersigned's account. The ed to the payment. The ed to the payment of the payment of the desired termination date. The prized actions hereunder. Billing for monthly less at sales@trapptechnology.com or by calling twice cancelations prior to the sixth (6) month
processing fee. Customer will only be eligible for a refund if all services are canceled. All add-ons will be billed for the remainder of the prepaid term and will be non-refundable. A discounted prepaid rate. Add-ons added after the first three (3) months of service will be bille and will be eligible for the prepaid discount, if available, at the onset of the next prepaid term.	dd-ons added within the first three (3) m d at the Company's then current retail lis	onths of the prepaid term will be billed at the
Payer's Signature		Date

