

PAYMENTBANC RECURRING PAYMENT PLAN

Company Name: Radiant Heart After-Care for Pets (hereinafter referred to as "The Provider")

Section I

* Responsible Party Information			
Name: (Name MUST match signature below)		SSN:	
Address:		City, State, Zip:	
Home #:	Work #:	Cell #:	Email:

** If there is more than one responsible, each Responsible must complete a Recurring Payment Plan Form.*

Section II

Account / Payment Method Information							
AccountID	Frequency	Comments	Start Date			*Payment	Total Amount
			Month	Day	Year		
Payment Method	<input type="checkbox"/> Checking	Name On Account		Account Number		Routing # or Expiration Date	
	<input type="checkbox"/> Savings						
	<input type="checkbox"/> *Credit Card						

PaymentBanc EFT AUTHORIZATION

I hereby authorize **OrthoBanc, LLC, DBA PaymentBanc** (hereinafter "**PaymentBanc**") on behalf of The Provider, to initiate debit entries to the account (s) (of which I am an authorized signer) indicated in Section II above via electronic funds transfer (EFT). I understand and agree to the terms and conditions below:

Beginning on the date listed above, **PaymentBanc** will withdraw from my bank or credit/debit card account either (1) the Payment listed above, or (2) an amount indicated on an invoice or statement sent to me by The Provider at least ten (10) calendar days prior to the date my account is to be debited. Such withdrawals will continue until the Total Amount owed to The Provider is paid in full or until the recurring draft has been stopped by The Provider or by me. Debits to my account may vary from the day I selected due to weekends, holidays, or the number of days in certain months such as February. I understand that should my financial institution debit my account before the effective date supplied by **PaymentBanc** to the financial institution in its processing file, that this is not a processing error on the behalf of **PaymentBanc**. **PaymentBanc** is debiting funds from my account for payment to The Provider, for professional services rendered, and the name **PaymentBanc** may/will appear on my monthly bank statement. I understand my final payment may be slightly more or less than the Payment amount listed above, but will not exceed any balance of the account at **PaymentBanc** as of the date of the payment.

I further agree that should **PaymentBanc** be notified that funds are not available in my bank account (NSF, closed account, etc.) or that a charge to my credit/debit card is denied, a \$20 fee will be charged by **PaymentBanc**. I agree that if funds are not available from the account(s) listed above **PaymentBanc** can reattempt to draft my account(s). If the Provider charges a late fee for late or missed payments, **PaymentBanc** is authorized to debit my account for the amount of the late fee as defined in my agreement with The Provider. I understand that if I choose to discontinue this method of payment, I must notify **PaymentBanc** a minimum of 4 business days prior to my scheduled debit date. I also authorize **PaymentBanc** to contact me at any of the telephone numbers listed above regarding this account, including through use of an autodialer, or text or prerecorded messaging. I agree to notify **PaymentBanc** immediately if my cell phone numbers change.

Signature: _____

Date: _____

For Company use only:	
Company ID Number:	PaymentBanc Reference Number:
14870	