



## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, or American Express. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below for each billing period. You agree that prior-notification will be provided in the form of a monthly statement by Mojo Feet LLC.

### Please complete the information below:

I \_\_\_\_\_ authorize Mojo Feet LLC to charge my credit card or bank  
(full name)

account indicated below no earlier than the **first day** of each month for payment of services provided and invoiced to me during the prior month. I understand I will receive (via email) invoices as services are completed and shipped, and a monthly statement indicating the amount that will be charged, prior to the charge being applied.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

#### Checking/ Savings Account

|                                   |                                  |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Name on Acct                      | _____                            |
| Bank Name                         | _____                            |
| Account Number                    | _____                            |
| Bank Routing #                    | _____                            |
| Bank City/State                   | _____                            |



The diagram shows a routing number '22222222' circled in purple and an account number '000 111 555\* 102?' circled in orange.

#### Credit Card

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa        | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex        |                                     |
| Cardholder Name                      | _____                               |
| Account Number                       | _____                               |
| Exp. Date                            | _____                               |
| CVV (3 digit number on back of card) | _____                               |

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Mojo Feet LLC 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 dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, 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 Mojo Feet LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 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 certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.