



Marietta Marlins

Payment Plan Authorization
Marietta Marlins, Inc.
Processing through DepositExpress

(Bank acct. holder) **First Name** _____ **Middle Name** _____ **Last Name** _____

Address _____

City _____ St _____ ZIP _____ (_____) _____
Phone _____

PAYMENT PLAN

You may select the One-Time Payment Option, the Recurring Payment Option, or Both:

ONE-TIME Debit Amount \$ _____ Debit Date: ____/____/____

RECURRING* Debit Start Date: ____/____/____ (The recurring debit Start Date will determine all subsequent transaction dates.)
I understand that future debits may hit on a date later than the scheduled date if it falls on a non-banking day.

*If RECURRING, Select Recur Period: WEEKLY BI-WEEKLY MONTHLY QUARTERLY YEARLY
Recurring Debit Amount \$ _____

PAYMENT AUTHORIZATION

<u>ACH option:</u>	<u>CUSTOMER'S BANK INFORMATION</u>
Bank _____	Phone Number (_____) _____
City _____	State _____ Zip _____
Routing Number (9 digits): _____	Account Number: _____
Bank Account Type: Checking OR Savings <i>(Please circle one.)</i>	
Paying For (if bank acct. holder is not the customer): _____	

I hereby authorize Marietta Marlins, Inc. to debit my account as identified above. This authorization shall remain in effect until the terms stated have been met or until Marietta Marlins, Inc. has received written notification from me of intent to terminate at such time and in such manner as to afford Marietta Marlins, Inc. and bank reasonable opportunity to act (minimum of 30 days).

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization to be filled out and submitted to Marietta Marlins, Inc. 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by Marietta Marlins, Inc. due to uncollectible funds. I will be liable to pay a fee for each returned check.

I understand that if my electronic debit is returned for insufficient or "held" funds, it will be re-presented electronically and my account will be debited for the amount of the payment plus the state-allowed fee.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold Marietta Marlins, Inc., the check processor, and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature Date

Authorized signature(s) on bank account (if required) Date

A voided check from the customer's bank account must be stapled to this Authorization