



## TRAIL ACH/CREDIT CARD PAYMENT AUTHORIZATION FORM

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

### Please complete the information below:

I \_\_\_\_\_ (print your full name) authorize TRAIL of Johnson County to  
(check one of the following):

☐ Debit my checking/savings account

- **OR** -

☐ Charge my credit card

For a **one-time payment** of: \$ \_\_\_\_\_ - **OR** -

For a **recurring monthly payment** in the amount of \$ \_\_\_\_\_ starting on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and ending on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Billing street address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Checking/ Savings Account

☐ Checking

☐ Savings

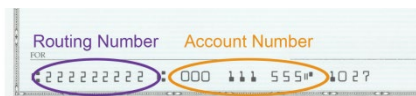
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



### Credit Card

☐ Visa

☐ MasterCard

☐ Amex

☐ Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Exp. Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until the date noted above or until I cancel it in writing, and I agree to notify TRAIL of Johnson County 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 TRAIL of Johnson County may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30.00 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.