

PTPN Payment Authorization Form – ACH

To pay by ACH, please complete, initial, and sign this form. Completed form can be returned via e-mail to info@ptpn.com; fax (818-737-0260); or mailed to PTPN at 26565 Agoura Road, Suite 200, Calabasas, CA 91302.

This form authorizes PTPN to charge the bank account listed below for the scheduled amount(s) due for the billing period stated in the PTPN Member Agreement (if applicable). Payments will be processed as indicated below without any further authorization from or notification to the Member/Client. A receipt for each payment will be provided to the Member/Client and the charge will appear on the Member's/Client's bank statement.

CHARGES

INITIAL OR ONE-TIME PAYMENT:

(initial) I hereby authorize PTPN to charge and collect the initial payment amount due of \$ _____.

RECURRING PAYMENTS:

(initial) I hereby authorize PTPN to charge and collect the amount \$ _____ due each month as outlined in Membership Agreement (if applicable).

Payment will be processed on the 1st day of each month.

I agree that no prior notification will be provided to me unless the date or amount changes, in which case the member will receive a 10-day notice prior to the payment being collected.

This payment is for PTPN Monthly Membership Dues effective _____.

POLICIES:

(initial) Payment is considered late after the 5th day of the date due. Any balance will be collected via the payment method on file. In the event of late payments or insufficient funds, an additional fee of \$25.00 will be assessed.

MEMBER/CLIENT INFORMATION

Company Name: _____ PTPN # (if applicable) _____

Address:

Phone Number:

Email Address:

Billing Address (if different from above):

PAYMENT INFORMATION

ACH

Type of Account: Checking Savings

Name of Account Holder:

Name of Financial Institution:

Financial Institution Address:

Account Number: _____

Routing Number: _____

I authorize PTPN to initiate ACH entries to my bank account as selected above for the amounts described in this form, and to credit such account in the event of overpayment or other adjustment. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify PTPN in writing (by e-mail sent to svoyles@ptpn.com or mail to PTPN at 26565 Agoura Road, Suite 200, Calabasas, CA 91302) of any changes to my payment information or termination of this authorization at least fifteen (15) days before 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. I understand that failure to keep a current payment method on file does not relieve me of any financial responsibility for fees due to PTPN. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of the bank account listed above (as applicable) and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____