

**PAYMENT AUTHORIZATION FORM**

CONSUMER AUTHORIZATION FOR DIRECT DEBIT / CC PAYMENT VIA ACH or Credit Card  
Direct DEBIT via ACH is the DEBIT of funds to a customer's account.

I (we) hereby authorize \_\_\_\_\_ ("THE FUTURE OF TALENT COMPANY") to electronically DEBIT my (our) account (and, if necessary, to electronically CREDIT my (our) account to correct erroneous DEBITS)

as follows:

Select One:

☐ Checking Account

OR

☐ CREDIT CARD

at the depository financial institution named below ("BANK"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

BANK Name \_\_\_\_\_

Routing Number \_\_\_\_\_

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

Name(s) on the Account \_\_\_\_\_

or

NAME ON CARD: \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

CARD EXPIRATION: \_ \_ / \_ \_

CARD SEC CODE: \_ \_ \_

BILLING ZIP CODE: \_\_\_\_\_

Amount to be DEBITED On the 1st of each month (October 1st 2019-June 1st 2020) \$ \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify THE FUTURE OF TALENT COMPANY in WRITING to [futureoftalentco@gmail.com](mailto:futureoftalentco@gmail.com) if we wish to revoke this authorization. I (we) understand that THE FUTURE OF TALENT COMPANY requires at least 1 month's notice in order to cancel this authorization

Name(s) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_