

Authorization Form



Today's Date: _____

PO Box 331394
 Murfreesboro, TN 37133
 Phone Number: 855-425-4535
 Fax Number: 866-508-9899
www.homesaferto.com

Customer Information	
Customer Name:	Driver's License #:
Name on Account/Card:	Social Security Number:
Home Address:	Home Phone:
City, State Zip:	Work Phone:

Financial Institution <i>Circle One</i> (Bank - S&L - Credit Union) or Card Type <i>Circle One</i> (Visa - Mastercard - Discover)	Account type <i>Check One</i>
Name of Institution:	<input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings
Account# or Card#:	<input type="checkbox"/> Business Checking <input type="checkbox"/> Credit/Debit Card
Bank Routing Number : _____ : _____	Exp Date if Credit Card: _____

Payment Information
Please debit ongoing payments of \$ _____ from my checking/savings account or credit card on the _____ day of each month (<i>1st through 10th only</i>) until this contract has been terminated or paid out .
First Payment Date _____

AUTHORIZATION
I authorize the electronic debit or debits to my account as outlined in the above form. I understand and agree that the electronic debit will continue until the total amount due plus any return fees are collected or until I revoke this authorization. This authorization is also applicable to any new account information, payment amounts, and/or payment dates provided by me at some future time for the purpose of completing my account.
CHANGE OF INFORMATION: I agree to notify verbally to 855-425-4535 or in writing to the above address fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or any change or situation that may affect debiting the payment.
RETURNS: I authorize the state authorized fee or returned item fee in the amount of \$25.00 to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor.
CANCELLATION: Upon payment in full, I understand that I may cancel the electronic debit authorization by providing written notice to the address above fifteen (15) or more days prior to the last payment due date.
Signature _____ Date _____