

PAYMENT AUTHORIZATION – Schedule C

Client Name _____

I authorize Golden Years Concierge LLC (“Golden Years”), to process payment on an as-needed basis for services rendered. I understand and accept the following conditions:

1. A credit card or voided check must be placed on file to start services.
2. Golden Years will charge my credit card or withdraw funds via ACH Debit/Electronic Funds Withdrawal (“E-Check”) for services rendered. The charge will occur within three calendar days after the end of the monthly cycle, or as needed to keep the account current. **There is a 3.5% surcharge on credit/debit card charges, E-Check is FREE.**
3. Payments not made within 3 days of financial institution rejection may incur a 5% penalty. An additional 5% penalty may occur for each seven (7) days late. I am responsible for any fees incurred by Golden Years because of my financial institution’s rejection of my credit card or bank account.
4. I authorize Golden Years to process entries to my bank account for services provided. I understand that this authority will remain in effect until I provide seven (7) days prior notification to terminate the authorization.

Payment Method: Charge my Credit Card (3.5% Fee) Process E-Check (Free)

Invoice Delivery Method: Mail E-Mail

Payer’s Name: _____

Payer’s Relationship to Client: _____

Payer’s Email: _____

Credit Card Information:

Name **EXACTLY** as it appears on the card (PRINT): _____

Credit Card Number: _____

Type of card: VISA MC AMEX Expiration Date: _____ Security Code: _____

Credit Card Billing Address (Please Print):

Street: _____ City: _____ State: _____

Zip Code: _____ Telephone: (____) _____

E-Check Information:

(Attach Voided Check)

Bank Name: _____ Type of Account: Checking Savings

Bank Routing Number _____ Account Number _____

Signature of Account Holder: _____ Date _____