



TAILS
Foundation Inc
 A non-profit,
 501c3 organization

Helping Families Care For Their Pets



TAILS
PETwork
Society



A network of businesses
Partnering, Empowering, Thriving!

AUTOMATIC PAYMENT 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!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I, _____ authorize the TAILS Foundation Inc. to charge my credit card for my Annual Membership Fees. The card indicated below will be charged \$ _____ on the 2nd Friday of every month.

Monthly Payment Amount: \$ _____ For _____ Months / Starting _____ and ending _____
 (*Each payment will include a \$5 per payment service charge)

___ Visa ___ MasterCard ___ Amex ___ Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ CVV (3-digit number on back of card) _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the TAILS Foundation Inc. 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 TAILS Foundation Inc. debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 a Transaction being rejected for Non-Sufficient Funds (NSF) I understand that TAILS foundation Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 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 TAILS Foundation Inc. 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.

SIGNATURE _____ DATE _____