



## Automatic Payment Authorization Form

Upon approval, we will automatically bill your credit card or checking/savings account for the amount indicated and your total charges will appear on your monthly credit card or bank statement.

### CUSTOMER INFORMATION

Name	Phone
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I authorize JOLLYRIDERS LLC to automatically bill the card or checking account listed below as specified:

FULL PAYMENT ( 5 % DISCOUNT )		
<input type="checkbox"/> TPK Carpool Package <del>\$3,400.00</del> \$3,230.00 <small>plus tax</small>	Number of children:	_____
<input type="checkbox"/> EHS Carpool Package <del>\$2,700.00</del> \$2,612.50 <small>plus tax</small>	Number of children:	_____
To be charged on 09/01/17		
HALF PAYMENTS ( 2 % DISCOUNT )		
<input type="checkbox"/> TPK Carpool Package <del>\$1,700.00</del> \$1,666.00 <small>plus tax</small>	Number of children:	_____
<input type="checkbox"/> EHS Carpool Package <del>\$1,375.00</del> \$1,347.50 <small>plus tax</small>	Number of children:	_____
Frequency: First: 09/01/17 Second: 02/01/18		
MONTHLY RECURRING		
<input type="checkbox"/> TPK Carpool Package \$340.00 <small>plus tax</small>	Number of children:	_____
<input type="checkbox"/> EHS Carpool Package \$275.00 <small>plus tax</small>	Number of children:	_____
Frequency: Start: 09/01/17 End: 06/01/18		
NOTE: If you have paid for the first month because you have reserved for a spot you will be charged starting on 10/01/17 instead.		

Credit card type <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Credit card number		
Name on card		
Expires <small>month / year</small>	CVV <small>3 or 4 digit security code</small>	ZIP code <small>from credit card billing address</small>

Name on checking account:	
Bank name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing#	Account#

Customer's signature	Date
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