
COCARD SYSTEMS BS1
Electronic Funds Transfer (EFT) Authorization Application

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Instructions For Monthly Warranty Plan and Annual Fee:

Payment Start Date: 1st or 15th of _____ Annual Payment Date: 12/31/___

Monthly Payment Amount: \$ _____ Annual Payment Amount: \$ 50.00

MAINTENANCE OPTIONS:

1) FULL MAINTENANCE: Overnight replacement of any covered piece of equipment that fails for any reason. Paper and ribbons as needed will be shipped via UPS ground.. MONTHLY COST: \$ 10.00 _____

***2) PARTIAL PROGRAM PLAN: "A" Provides paper and ribbons at a rate in keeping with the average monthly number of transactions. Supplies are shipped by UPS ground. MONTHLY COST: \$ 6.00 _____
(Supplies can be shipped via overnight at merchant's expense)***

3) PARTIAL PROGRAM PLAN "B": Provides replacement of your equipment as described above shipped via overnight. This plan does not include paper and or ribbons. MONTHLY COST \$ 6.00 _____

By signing below I acknowledge that I understand that I will be assessed the annual fee in the amount shown above at the time indicated above.

I authorize the financial institution named below to accept Electronic Bill Payment Instructions and to debit my account if it is necessary to make corrections.

BANK ACCOUNT INFORMATION:

Bank Name: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

I hereby authorize Gulf Management Systems, Inc., hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be cancelled by Company at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damage, loss or claim resulting from all authorized actions hereunder.

(Payer's Signature)

(Date)

Check One: _____ New Participant _____ Change