
COCARD SYSTEMS BS 6
Electronic Funds (EFT) Authorization Application

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Instructions For Equipment / Product Purchases:

Payment Start Date: _____ **Monthly Payment:** \$ _____

Total # of Payments: ____ **Total of Payments Including Sales Tax:** \$ _____

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 the total of the payments described above has been collected. I understand that Company may cancel this payment plan 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

Attach Void Check