



SPRINGFIELD REPUBLIC OZARK
881-3533 732-1616 581-8998
MARSHFIELD JOPLIN
859-7368 623-7368

" We Got It All "



Automatic Debit Agreement Form

Authorization Agreement

I hereby authorize **TEL-A-RENT INC**, _____, **MISSOURI** to initiate automatic

WEEKLY BI-WEEKLY MONTHLY debits from my

(circle one) **VISA MASTERCARD AMEX DISCOVER** account from the financial institution named below.

These automatic debits will occur on (check one)

 MON TUE WED THUR FRI SAT (Weekly)

 _____ **DAY OF THE MONTH** (Monthly).

I also authorize **TEL-A-RENT INC**, to make withdrawals from this account on the schedule above. In the event that an entry is made in error, I will notify Tel-A-Rent about transaction in attempt to rectify issue.

Further, I agree not to hold **TEL-A-RENT INC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until TEL-A-RENT INC, SPRINGFIELD MISSOURI receives a written notice of cancellation from me or my financial institution, or until I submit a new authorization agreement form.

CREDIT CARD SURCHARGE AGREEMENT

My signature on the bottom of this page acknowledges that I understand and agree that there may be a CREDIT/DEBIT CARD processing fee and I agree to fee schedule. All transactions of under \$100 USD will be a \$1 fee. Over \$100 will result in a minimum of 3% fee based on transaction amount. No exceptions.

Account Information

Name of Holder and Credit/Debit Institution _____

Card Number _____

Exp. Date (Month) (Year) (3 Digit Verification Code/4 on front for Amex)

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____