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Payment Authorization Form

In order to facilitate payment procedures, it is our policy to fill out this page for any recurring payment. Payments will be deducted automatically on the agreed amount and date. It's easy to set up and your payments will take care of themselves. Simply complete and sign the form below to get started!

Here's How the Payment Plan Works:

We decide on a mutually agreed amount and number of payments and schedule. You authorize regularly scheduled charges to your checking/savings account or credit card on the specified date. An email receipt from QuickBooks with the payment details will be sent for each payment. When the total due is collected and if it's not a recurring service, the schedule ends, and the authorization is terminated.

Please complete the information below:

Total Due: _____

Payment Frequency: Weekly Monthly Annually

Recurrent Amount: _____

Start Date: _____

Payment Amount: _____

I have read and agree to the terms and conditions of the services offered by Logicmasys found at logicmasys.com/terms/

I _____ authorize **LOGICMASYS CORP** to charge my account indicated
(full name)

below to discharge the above debt for _____, using installment payments in the
(Description of goods/services)
amount and schedule indicated.

Billing Address _____

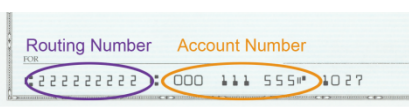
Phone# _____

City, State, Zip _____

Email _____

Checking Account (ACH)

Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____
CVV (3 digit number on back of card)	_____
Zip Code	_____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until the debt is fully discharged, recurring services are canceled in writing, or I cancel it in writing whichever comes first, and I agree to notify the business 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 date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above-noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **LOGICMASYS CORP** may at its discretion attempt to process the charge again within 30 days and agree to an additional **\$35.00** 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 ACH 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 **LOGICMASYS CORP** billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement. Carefully read the terms and conditions that are stipulated in the link indicated at the following address: www.logicmasys.com/terms/