

**UNIVERSAL ACCOUNT SERVICING**

P.O. Box 12027, Parkville, MO 64152
PHONE: 1-888-233-2302 FAX: 816-817-1007

Payment Authorization Form**Account Number:****Name:****Email:****Payment Amount:**

Check one

☐ Minimum Amount Due

(Including Past Due)

☐ Custom Amount: \$ _____**Payment Date:**

Payment will be processed once this form is received. If you have eAlerts, we will send you an email when the transaction is processed.

Payment Method (Please Provide Either Credit Card or ACH Information)☐ VISA**Credit Card**☐ MASTERCARD

Credit Card Number: _____ Exp. Date (MM/YY): ____ / ____

☐ DISCOVER

Name (as it appears on credit card): _____

☐ CHECKING**Checking/Savings**☐ SAVINGS

Bank Routing #: _____ Account #: _____

Billing Address

Street: _____ Apt, Suite, Building: _____

City: _____ State: _____ Zip Code: _____

Please Complete and Submit for Authorization

In accordance with the stated terms and conditions associated with my Agreement, I authorize debits to my credit card or bank account indicated above. Debits will be made in US Dollars (USD).

Optional: Check The Box Below to Enroll in AutoPay*

☐ I would like to use the supplied payment method to enroll in monthly AutoPay (recurring payments) that will run on my due date for the minimum monthly payment amount.

By signing this form, I authorize Universal Account Servicing, LLC to charge my account per the terms of my agreement.

X_____
Authorized Buyer's Signature_____
Date

* I understand that this authorization to charge my account written above will remain in effect until I cancel it in writing, verbally, or via online portal. I agree to notify Universal Account Servicing, LLC., hereinafter referred to as "UAS", in writing, verbally, or via online portal, 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 dates falls on a weekend or holiday, I understand that the payments may be executed on the next business day. If my account is past due, the amount deducted will include the current minimum payment due which includes all past due payments and applicable late fees. Thus, the amount of the payment may vary each month and my monthly billing statement will be my only notice of the deducted amount. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account the day the payment is processed. I certify that I am an authorized user of this credit card/bank account and agree not to dispute these scheduled payments with my credit card company or bank; provided the transactions correspond to the terms indicated in this authorization form and the terms of my agreement. Further, I agree not to hold UAS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution. In the case of a failure, I understand that UAS may either attempt to retry my recurring payment "AutoPay" or UAS may cancel my enrollment AutoPay. I understand that if my credit card company/bank rejects my payment, my account may be subject to a Late Payment Fee. This authority is to remain in full force until I (we) have supplied written notice of termination.