

Payment Plan Authorization –

Cowork Lab, LLC

Processing through DepositExpress

(Bank acct. holder)	Company Name	First Name	Middle Name	Last Name
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Address _____

City _____	St _____	ZIP _____	(_____) _____ Phone
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PAYMENT PLAN

RECURRING* Debit Start Date: ____/____/____ (The recurring debit Start Date will determine all subsequent transaction dates.)
I understand that future debits may hit on a date later than the scheduled date if it falls on a non-banking day.

Select Recur Period: ____ MONTHLY ____ YEARLY Recurring Debit Amount \$ _____

<u>ACH option:</u>	<u>CUSTOMER'S BANK INFORMATION</u>
Bank _____	Phone Number (_____) _____
City _____	State _____ Zip _____
Routing Number (9 digits): _____	Account Number: _____
Bank Account Type: Checking OR Savings <i>(Please circle one.)</i>	
Paying For (if bank acct. holder is not the customer): _____	

PAYMENT AUTHORIZATION

I hereby authorize Cowork Lab, LLC to debit my account as identified above. This authorization shall remain in effect until the terms stated have been met or until Cowork Lab, LLC has received written notification from me of intent to terminate at such time and in such manner as to afford Cowork Lab, LLC and bank reasonable opportunity to act (minimum of 30 days).

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization to be filled out and submitted to Cowork Lab, LLC 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by Cowork Lab, LLC due to uncollectible funds. I will be liable to pay a fee for each returned check.

I understand that if my electronic debit is returned for insufficient or "held" funds, it will be re-presented electronically and my account will be debited for the amount of the payment plus the state-allowed fee.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold Cowork Lab, LLC, the check processor, and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature _____	Date _____
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Authorized signature(s) on bank account (if required) _____	Date _____
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A voided check from the customer's bank account must be stapled to this Authorization