

# TRINITY PROPERTY GROUP, LLC

1015 Scott St Emporia, KS 66801 620-342-8723

## Electronic Payment Authorization Form

### CONTACT/BILLING INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(Payment confirmation/schedule will be sent)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

### PAYMENT PLAN

Monthly Amount: \$ \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

My payment will be withdrawn from my account on the \_\_\_\_\_ day of every month.

Include an amount equal to my water usage charge each month. This will be added to the monthly amount. (initial) \_\_\_\_\_

Special Instructions \_\_\_\_\_

### BANKING INFORMATION

Method of Payment:  CHECKING  SAVINGS  CREDIT CARD / DEBIT CARD

#### Banking Information

\_\_\_\_\_  
Bank Routing Number (9 digits)

\_\_\_\_\_  
Bank Account Number

OR

\_\_\_\_\_  
Name on Account

\_\_\_\_\_  
Bank Name

#### Credit Card Information

\_\_\_\_\_  
Credit Card Number (16 digits)

\_\_\_\_\_  
Expiration Date (mm/yy)

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Billing Address (if Different from above)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### PAYMENT AUTHORIZATION

I authorize Modern Payment Technology, Inc., on behalf of Trinity Property Group, LLC "Company" to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full or Company receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Company reasonable opportunity to act (min 30-days)

I understand that if the total amount owed to the Company is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to the Company is paid off, or unless the plan is terminated earlier by me above. I understand any added amounts can be applied for with a new authorization form.

All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to Company 15-days prior to any change being implemented. I understand that this payment plan may be cancelled by Company or Modern Payment Technology, Inc., due to Non-Sufficient Funds (NSF). I understand that I will be liable to pay the NSF fees that will be charged by my bank. Per my rental purchase agreement, if a check is returned NSF, I understand that I will be liable to pay the \$30 fee and authorize the Company to debit my account for these amounts.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold Company, the bank, and Modern Payment Technology, Inc. harmless from damage, loss, or claim resulting from all authorized actions hereunder.

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

