

Annual and/or Monthly Payment Authorization Agreement

I hereby authorize **Travel Services Unlimited** (or any financial party/parties acting on their behalf) to charge my credit/debit card or withdraw from my checking account for my monthly payments and/or annual service charges, per the account information provided below. I understand the annual service charge will be deducted each year on my anniversary date. Further, I agree not to hold **TSU** 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 **TSU** receives a written notice of cancellation from my financial institution, or me or until I submit a new form. I understand that notification of changes must be made in writing at least (15) fifteen days prior to due date.*

PLEASE CHOOSE ONE OF THE FOLLOWING METHODS FOR PAYMENT:

		Banking Accou	nt Information				
Name of Financial	Institution:						
Routing Number:				_			
Account Number:				Checking -	Savings		
Type of Card	VISA	Credit/Debit Ca MASTER CARD		AMERICAN E.	XPRESS		
Name (as it appears on the card)							
Card Number _							
Expiration Date	e	 	Security Code				
Name of Finan	cial Institution _						
Member Information							
Printed Name(s)							
Signature(s)							
Date		N	lember ID #				
Anniversary da	ite		Paymo	ent amount			
		*please comple	te 2 nd page				

Mailing Address

Street Address:		
City:	State:	Zip:
Home Phone:		
Work Number:	Work Number:	
Cell Number:	Cell Number:	
Email Address:		
	Billing Address	
Billing Address of credit or debit (If the address is the same as mai Street Address:		check here
City:	State:	Zip:
Thank you for doing business with	h us. We appreciate you helping	us keep our record