

Michael Obeya & Associates

P.O. Box 2 • Simpsonville, MD. 21150
(888) 574-9940 • www.obeya.us

Authorization for Direct Payment

For office use only:
Account Number _____

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

I'd like to make a One-Time Monthly Semi-Monthly** Quarterly Semi-Annual Annual Payment

Please process my payment on the _____ 5th of the month **OR** _____ 20th of the month

Note: For Semi-Monthly gifts the **total payment amount specified will be debited on the 5th & 20th of the month

Payment Start Date: ____/____/____ (mm/dd/yyyy)

For Office Use only:
\$ _____ Convenience Fee Amount
\$ _____ Total Payment Amount *
(Payment Amount + Convenience Fee Amount)
*The Total Payment Amount will be debited each time your payment is processed.

Payment amount of \$ _____.

**A 5% Convenience Fee will be added to your payment.

Please apply my payment to:

- | | | |
|---|------------------------------------|--------------------------------------|
| \$ _____ Automobile Coverage | \$ _____ Bond Coverage | \$ _____ Commercial Liability |
| \$ _____ Commercial Property | \$ _____ Financial Education | \$ _____ Homeowners Coverage |
| \$ _____ Management Consultant Services | \$ _____ Misc. Management Services | \$ _____ Payroll Management Services |
| \$ _____ Renters Coverage | \$ _____ Transportation | \$ _____ Workers Compensation |

Enclosed is a voided check OR credit card information for my payment. I authorize Michael Obeya & Associates to debit my bank account or credit card for the total payment amount listed above. This authorization shall be the same as if I had signed a check to Michael Obeya & Associates. I understand my future payments will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my payment any time through the online payment form at www.obeya.us or by contacting Michael Obeya & Associates by phone or mail. All payments provided to Michael Obeya & Associates comply with U.S. Law.

I also understand that this authorization will remain in full force and effect unless or until I notify Michael Obeya & Associates in writing of my intention to terminate the agreement. It is understood that Michael Obeya & Associates must have a reasonable opportunity to act upon such termination and that, in the event of such termination, any balance in full becomes due.

Credit Card Number _____ Expiration Date ____ / ____



Signature _____ (Required) Date _____

KEEP THIS PORTION FOR YOUR RECORDS

I authorize Michael Obeya & Associates to debit my bank account or credit card for the total payment amount listed below. This authorization shall be the same as if I had signed a check to Michael Obeya & Associates. I understand my payments will be transferred directly from my checking or credit card account and a record of each payment will appear on my bank or credit card statement. I may make changes to or suspend my direct payment at any time through our online payment form at www.obeya.us or by contacting Michael Obeya & Associates at (888) 574-9940. All payments paid to Michael Obeya & Associates comply with U.S. law.

I also understand that this authorization will remain in full force and effect unless or until I notify Michael Obeya & Associates in writing of my intention to terminate the agreement. It is understood that Michael Obeya & Associates must have a reasonable opportunity to act upon such termination and that, in the event of such termination, any balance in full becomes due.

I'd like to make a One-Time Monthly Semi-Monthly** Quarterly Semi-Annual Annual Payment

On the _____ 5th of the month **OR** _____ 20th of the month

Note: For Semi-Monthly gifts the **total payment amount** specified will be debited on the 5th & 20th of the month

Payment Start Date: ____/____/____ (mm/dd/yyyy)

Total payment amount of \$ _____ (Payment Amount + 5% Convenience Fee Amount)

This is the total amount that will be debited to my bank account or credit card each time my payment is processed.

Please apply my payment to:

- | | | |
|---|------------------------------------|--------------------------------------|
| \$ _____ Automobile Coverage | \$ _____ Bond Coverage | \$ _____ Commercial Liability |
| \$ _____ Commercial Property | \$ _____ Financial Education | \$ _____ Homeowners Coverage |
| \$ _____ Management Consultant Services | \$ _____ Misc. Management Services | \$ _____ Payroll Management Services |
| \$ _____ Renters Coverage | \$ _____ Transportation | \$ _____ Workers Compensation |