COVENANT PARTNERS
83 LEWISBURG ROAD
SUSSEX, NJ 07461
Phone 973-875-7806
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COVENANT PARTNERS, INC.
Automatic Deduction Authorization Form

First Name Middle Name Last Name Social Security Number

Business Name DBA Name

DEDUCTION PLAN

Every _____ ☐ Day(s) ☐ Week(s) ☐ Month(s)

Start Date: Month _____ Day _____ Year _____
(Start Date must be at least 15 business days from date form is sent)

Deduction Amount $ _____

Fee per Transaction $ **N/A**

End Date: Month _____ Day _____ Year _____

Total Due to Service Provider $ **N/A**

TOTAL AMOUNT OF
EACH DEDUCTION $ _____

Number of Payments – **N/A**

CUSTOMER'S BANK INFORMATION

Bank _____ Phone Number ( ) _____

Address _____

City _____ State _____ Zip _____

Routing Number _____

Account Number _____ (Please attach one voided check)

DEDUCTION AUTHORIZATION

I authorize my bank to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until Covenant Partners, Inc. and bank receive written notification from me of intent to terminate at such time and in such manner as to afford Covenant Partners, Inc. and bank reasonable opportunity to act (minimum 30 days).

I understand that if the total amount deducted by Covenant Partners, Inc. is increased, I authorize this plan to continue as long as the deduction amount remains unchanged, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new authorization form.

All other changes such as deduction amount, frequency, bank account number change, will require a new Deduction Authorization Form to be filled out and submitted to Covenant Partners15 days, prior to any change being implemented. I understand that this, deduction plan may be cancelled by Covenant Partners due to NSF (Non-Sufficient Funds). 1 will be liable to pay an NSF fee of $25.00 (or the amount allowable by law) which may be automatically debited for each NSF.

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

Customer's Signature Date

Second Authorization signature of bank account if required Date

A cancelled or voided check from the customer's bank account must be stapled to this authorization form.