

# One Time Payment Authorization Form

CAMP HILL  
203 House Avenue  
Camp Hill, PA 17011  
Ph: 717-761-7113

HERSHEY  
50 E. Chocolate Ave.  
 Hershey, PA 17033  
Ph: 717-533-1466

MECHANICSBURG  
201 Bryant Street  
Mechanicsburg, PA 17050  
Ph: 717-590-7050

Sign and complete this form to authorize Tender Years, Inc. to make a onetime debit to your bank account.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below (please print):**

**Child(ren) first/last name(s) for point of reference:** \_\_\_\_\_

I \_\_\_\_\_ authorize Tender Years, Inc. to charge my account  
(full name)

indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_.  
(amount) (DD/MM/YYYY)

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Checking/Savings Account

Checking  Savings

Name on Acct \_\_\_\_\_

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

Bank Routing # \_\_\_\_\_

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

Bank City/State \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon the above noted transaction date. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Tender Years, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute this transaction with my bank; so long as the transaction corresponds to the terms indicated in this authorization form.