



1750 W Hwy 160, Ste 101- PMB 162  
Fort Mill, SC 29708

**Complete ONE section for payment type!**  
**Please complete Member Information as well.**

## Annual 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 Annual Service Charge, per the account information provided below. I understand the Annual Service Charge will be deducted each year on my anniversary date (Same Billing month and date each year). 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.

**Annual Service Charge is \$219.00 if invoiced or \$199.00 each year if you automatically have one of following drafted: credit card, debit card, or bank account.**

### Annual Payment by Credit/Debit Card

Recurring Charge      Frequency     Yearly     Monthly     Weekly  
Anniversary Date: Month \_\_\_\_\_ Day: 01      Year: \_\_\_\_\_ Payment Amount: \$ 199.00  
Number of Payments: One Payment Per Year \_\_\_\_\_  
Name As Appears On Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Name of Financial Institution: \_\_\_\_\_

### Annual Payment by Bank Draft

Recurring Charge      Frequency     Yearly     Monthly     Weekly  
Anniversary Date: Month \_\_\_\_\_ Day: 01      Year: \_\_\_\_\_ Payment Amount: \$ 199.00  
Number of Payments: One Payment Per Year \_\_\_\_\_  
Name of Financial Institution: \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
**Please attach a voided check**

### Annual Payment by Invoice

Annual Service Charge is \$219.00 if you choose to be invoiced. Initial here if you wish to be invoiced: \_\_\_\_\_

### Member Information

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days). I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new ACH Debit Authorization Form. All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$35.00 (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 payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Member Signature: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_