



Credit Card and Checking Account Change Form

If any payment provided below is not honored by applicable bank or cc issuer, I agree to resolve the payment issue or provide an alternate form of payment.

Credit Card:

I authorize TER to bill my Debt / Credit card each month by providing the information below:

Name as appeared on Card: _____

Debit / Credit Card number: _____

Exp. Date: _____ CVV: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Checking Account (ACH)

I authorize TER to draft from my checking account my monthly fees due to TER. I also authorize TER to deposit my Commissions to my checking account by providing the Information below:

Change my account on my Monthly Fees: _____ Change my account on my ACH Commission Deposits: _____

Name on Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Date: _____

Print Name: _____

Signature: _____