



580-699-5760

www.RobinsonAirhvac.com

CREDIT CARD AUTHORIZATION

I authorize a payment to Robinson Air on my credit card as indicated by the checkmark below. This payment will be made automatically the **1st or 15th of each month** as selected below.

MasterCard Card # _____

Visa Name on card _____

Discover Expiration date _____

Security Code: _____ (3 or 4 digits on the back)

Type of card (check one) ___ Debit card ___ Credit card

Name on Account _____

Account Number _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Amount of Monthly Deduction \$ _____ 1st _____ or _____ 15th

Signature

Date

Signature

Date

By signing this form, I/we hereby authorize Robinson Air to make automatic withdrawals of funds on the _____ day of each month from the account listed above in the amount of \$ _____ as stated. These funds are to be used to pay for a Preventive Maintenance Agreement that I purchased and signed up for. This authorization will remain in effect until the Company receives notice to terminate or revise it. It is the customers responsibility to notify the Company of changes in financial institution information. Changes may be made by providing the Company with a new payment form revising the original instructions. The Customer will allow the Company a reasonable amount of time for initiating, revising, or terminating the bank draft. Auto pay programs are offered as a convenience to the member. Declined payments will be treated as insufficient funds and will be subject to a \$25 fee. If, for any reason, you have more than three (3) declined payments in a calendar year, you will be removed from the auto pay program and required to pay by cash or money order for the balance due on your agreement. After twelve (12) on-time payments, the auto pay program may be reactivated after the necessary paperwork is completed.

If you are participating in the auto pay option in lieu of a payment in full, you must remain on auto pay for a minimum of twelve (12) months. In order to be removed from the auto pay program during this time period, a payment equivalent to twelve months of service will be required. In the event of an insufficient payment, you will be removed from auto pay and charged an equivalent to the balance of the service agreement, in addition to a fee for the insufficient payment.

Mail Changes or Cancelations to:

**Robinson Air
10 SW H Avenue
Lawton, OK 73501**

Signature

Date

Signature

Date