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Recurring Payment Authorization Form

Schedule your payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged each billing period for the total amount due for that period. You agree that no prior-notification will be provided if the total payment is under _____.

Please complete the information below:

I _____ (full name) authorize Keturah Health to charge/debit my account

indicated below on the _____ of each Monthly for payment of my Forever Beautiful Membership. (day or date)

I understand that I will only receive notice if the charge if it exceeds _____.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/ Savings Account

Form with checkboxes for Checking and Savings, and fields for Name on Acct, Bank Name, Account Number, Bank Routing #, and Bank City/State.



Credit Card

Form with checkboxes for Visa, MasterCard, Amex, and Discover, and fields for Cardholder Name, Account Number, Exp. Date, and CVV.

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Keturah Health in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Keturah Health may at its discretion attempt to process the charge again within 30 days, and agree to an additional _____ charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring 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 credit card/bank account and will not dispute the scheduled transactions with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.