



Veterinarian Inspired Coverage Protecting you through it all

**ACH Payment Authorization
AVMA Life Trust Grad Guarantee Insurance
Promissory Note**

Applicant must sign the form in all indicated locations – at the bottom of page 2 and in the middle of page 3.

This Promissory Note is an agreement that you will repay AVMA Life Trust a total of \$ _____ for insurance premiums covering the period from graduation until October 31, 2021. This authorization documents your authorization to repay the Promissory Note via ACH payment.

Chose only ONE of the following:

____ One Month ACH Payment Plan:

This is a one-time repayment plan, with payment due on October 1, 2021.

You authorize a one-time scheduled charge to your checking/savings account. Your account will be charged the amount indicated below on October 1, 2021. A receipt for payment will be provided to you, and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Name: _____ authorize AVMA Administrative Services, LLC to charge my bank/savings account for \$ _____ on the 1st of October 2021. This payment is to reimburse AVMA Life Trust for insurance premiums covering the period from graduation until October 31, 2021.

____ Four Month ACH Payment Plan:

This is a four month repayment plan, with equal payments due on: July 1, August 1, September 1, and October 1, 2021.

You authorize four regularly scheduled charges to your checking/savings account. Your account will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

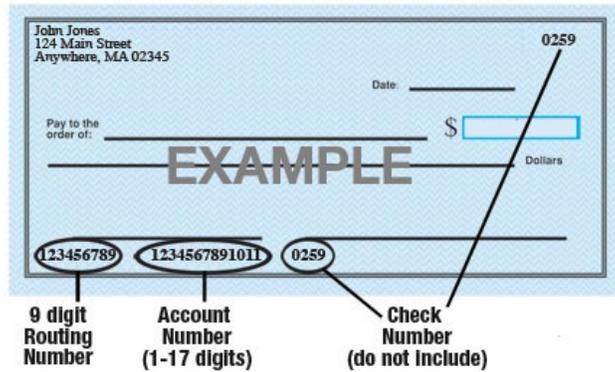
Name: _____ authorize AVMA Administrative Services, LLC to charge my bank/savings account for \$ _____ on the 1st of each month, beginning on July 1, 2021. This payment will continue each month for four months, with the final payment due October 1, 2021. This payment is to reimburse AVMA Life Trust for insurance premiums covering the period from graduation until October 31, 2021.

Please print and complete ALL individual and personal bank account information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

AVMA Administrative Services, LLC, is hereby authorized to initiate payment from the account listed above, consistent with the repayment terms described in this Authorization Form. This authorization will remain in effect until I modify or cancel it in writing.

I agree to notify AVMA Life Trust in writing of any changes in my account information or termination of this authorization at least 15 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. 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 these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____

Wells Fargo Billing Authorization

I authorize AVMA Life Trust or its delegate, AVMA Administrative Services, LLC., to automatically initiate debits to my financial account listed above in this authorization, for payments to AVMA Life Trust at the stated times listed above.

I further authorize my financial institution to accept these debit entries as valid debit activities under my account. Proof of the payment will appear on my financial account statement as a charge to AVMA Life Trust. My authorization will remain in effect for the length of time stated above or until I cancel it online and give AVMA Life Trust a reasonable opportunity to act.

The Recurring Payment will be initiated and a payment made either after an invoice is rendered, or on a date selected during setup. In the event that no invoice is rendered or the date selected is prior to the posting of an invoice (except for specific date for a fixed amount, which doesn't need a new invoice rendered), then the Recurring Payment will not be made.

Please print a copy of this authorization and retain for your records.

Signature: _____ **Date:** _____

Payment Terms & Conditions

These terms and conditions govern your use of the Internet Bill Presentment and Payment Service (the "Service"). As used in these Terms, the words "we," "us," and "our" refer to Wells Fargo Bank, N.A. (or its affiliate). The words "you" and "your" refer to you as the business entity accepting these Terms and using the Service. The words "you" and "your" also include any user you authorize to use the Service on your behalf.

1. **Erroneous Instructions.** If we receive a payment instruction authorized by you and the instruction is erroneous in any way, we shall have no obligation or liability for the error.
2. **Transaction Limitations.** Please be aware that certain types of bank accounts have limits on the numbers of transfers or withdrawals that may be made per month. Your bank may refuse transfers which would exceed such limits, so we recommend you check with your bank to determine what limitations are imposed on withdrawals from any account. If we are not able to debit the amount required to cover an authorized payment and any fees from your account, we will not be able to make the payment you have authorized, and will not be held liable for any failure to make the payment. We have no obligation to try to debit an account for a specific payment more than once.
3. **Authorized Users.** If you allow other users to access this Service, you are authorizing payments they initiate through the Service. Any signer on your bank accounts is authorized to make payments, even if your account otherwise requires two or more signatures for withdrawals. You agree that you are an authorized signer or owner of any account you instruct us to debit.
4. **ACH Authorization.** When you initiate a payment through the Service, you authorize Wells Fargo Bank, NA or its affiliate to debit the bank account you designate through the Automated Clearing House. You agree that you and your payment will be subject to the rules of the National Automated Clearing House Association.

5. You agree to regularly and promptly review and verify all transactions either through this Service or through the monthly statements received from your bank or credit card issuer holding the account(s). Also, if your bank or credit card statement shows transactions by us that you did not authorize, contact your bank/ card issuer.

6. Our Liability. If we do not complete a payment which you have authorized in a timely manner, in accordance with the terms and conditions herein, we will be liable only for your direct losses or damages. However, there are some exceptions. We will NOT be liable, for example, when:

a. Through no fault of ours, your account does not contain sufficient available funds for us to debit the account in the amount of the payment due.

b. The web site or other systems are not working properly.

c. Circumstances beyond our control (such as fire, flood, computer breakdown or problems with a telephone line) prevent or impede the transaction, despite reasonable precautions we have taken.

d. The funds in your account are subject to an uncollected funds hold, legal process or any other encumbrance or claim restricting transfers at the time we attempt to debit your account for an authorized payment(s).

e. The information you have supplied to us is incorrect, incomplete or not timely.