



AUTHORIZATION AGREEMENT FOR RECURRING PAYMENTS

Payment Date (Circle One) : 10th 15th 20th

Order Number _____

Customer Name _____

Phone _____

Address _____

Re-Enrollment - Existing Order No. _____

I authorize COWAY USA, INC (referred to as "COWAY") to withdraw monthly payments, fees, and etc. from my existing ACH or Credit Card Recurring pre-registered account. COWAY has my permission to save, store, and use this account information from the existing record enrolled under my name. By signing this authorization, I agree to the recurring payments agreement policies listed below.)

ACH - Checking Account

Account Holder
Bank Name
Routing Number
Account Number
<small>※To insure accuracy, you MUST attach a <u>VOIDED check</u></small>

Credit/Debit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover
Card Holder Name		
Card Number		
Expiration Date	CVV #	
Billing Address		

Automated Payment Agreement Policies

I hereby authorize COWAY USA, INC (referred to as "COWAY") to charge the fees associated with the services provided, including but not limited to COWAY's monthly rental fees, adjustments, and/or any additional charges associated with your Coway account from the indicated credit card/bank account provided above. If payment date is not indicated, payment will automatically be processed on the 10th of each month by default. If the scheduled payment date falls on a weekend or holiday, the payment will be withdrawn on the following business day. I understand Coway is not responsible for any bank fees, credit/debit card fees, or related fees that may be incurred on my account. I agree that periodic charge will be applied to my account according to my COWAY billing cycle, and in order to cancel the recurring billing process, I am required to contact a month prior to the next billing cycle to either cancel the associated COWAY account, or arrange for an alternative method of payment. By enrolling in an automatic payment plan, I understand that COWAY will not mail me any invoices, statements, or bills. In the event of ACH transaction being returned by my bank for any reasons, I understand that COWAY may at its discretion attempt to process the charge again and agree to an additional \$10.00 returned item fees will be charged per transaction. I agree that if I have any problems or questions regarding my account or any services provided by COWAY, I will contact COWAY for assistance using the contact information provided below. 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/debit card or bank account. By signing this authorization, I request and authorize my bank or credit/debit card to accept that I am legally authorized to enter into this recurring credit card billing agreement with COWAY. Electronic Copy; The parties to this document agree that a copy of the original signature (including an electronic copy) may be used for any and all purposes for which the original signature may have been used. The parties further waive any right to challenge the admissibility or authenticity of this document in a court of law based solely on the absence of an original signature.

SIGNATURE _____

DATE _____