

The Comprehensive Financial Planning System™

Non Affiliated Representative Payment Authorization Form

If you wish to pay our monthly users fee, please select the payment method you prefer. Your CFPS initial supplies will be sent by return mail upon receipt of this form. Your checking account or credit card will be debited for \$95 on the 15th of each month, beginning the month after your supplies are sent.

Automatic Bank Withdrawal

Checking Account

Savings Account

I hereby request and authorize T & M Financial, Inc., Topeka, Kansas, to initiate debit and credit entries to my account indicated below. This authorization shall remain in effect until revoked by me in the manner provided by law. Until you receive such notice, I agree that T & M Financial, Inc. shall be fully protected in initiating any debit to my account.

Signature of Account Holder _____

Phone Number _____

Date _____

ABA# _____

**ATTACH VOIDED CHECK
OR DEPOSIT TICKET HERE**

Automatic Credit Card Debit

I hereby request and authorize T & M Financial, Inc. to charge my credit card each month for my CFPS monthly users fee. This authorization shall remain in effect until revoked by me in the manner provided by law. Until you receive such notice, I agree that T & M Financial shall be fully protected in initiating any debit and credit to my account.

Signature of Authorized User _____

Phone Number _____

Date _____

Material

Cost Per Item

Quantity Desired

Total Cost

Please send me the **CFPS 26 hour DVD** training videos and the **CFPS Training Workbook**

\$240

\$ _____

Please send me the **CFPS Recruiting Kit**

\$40

\$ _____

Total Cost

\$

Enclosed is my check payable to **T & M Financial, Inc.** for the material selected

or

Please charge my credit card listed below for the material selected. I agree that T & M Financial shall be fully protected in initiating any debit or credit to my account.

Signature _____

Phone Number _____

Date _____

Credit Card Information - Complete if Elected Above

Mastercard

Visa

Discover

Am Ex.

Name on Card _____

Card No. _____ -- _____ -- _____ -- _____

Expiration Date ____/____/____

Billing Address

Street _____

City _____

State _____ Zip _____

Your Name _____ Mailing Address _____

Company Name _____ City _____ State _____ Zip _____