

Bill Payment Consent Agreement

This Bill Payment Consent Agreement ("Agreement") is entered into by and between the undersigned individual ("Customer") and [Service Provider Name].

1. Authorization

By signing this Agreement, the Customer authorizes [Service Provider Name] to initiate payments on their behalf for the specified bills or services using the payment method detailed below.

2. Payment Method

Please provide your payment details below:

Account Name:

Account Number:

Bank Name:

3. Terms and Conditions

- Payments will be processed as per the schedule agreed upon.
- The Customer is responsible for ensuring sufficient funds are available.
- This consent remains in effect until revoked in writing by the Customer.

4. Signature

Customer Signature:

Date: