

CUSTOMER AUTHORIZATION RECURRING AUTO PAYMENT FORM

ACCOUNT INFORMATION: Located on upper right of invoice

Provider Name: _____ Account #: _____

Contact Name: _____ Phone: _____ Date: _____

PAYMENT OPTIONS

CREDIT CARD PAYMENT

Name of Cardholder: _____

name as it appears on card

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Visa MasterCard Discover Expiration (MM/YY): _____

Credit Card #: _____

I authorize _____ to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my credit card charges and verify that payments are processed properly.

Signature of Card Holder: _____

ELECTRONIC CHECK PAYMENT: Please include copy of voided check

Name on Checking Account: _____

Address on Check: _____

City: _____ State: _____ Zip: _____

Routing #: (9 digits) _____ Account #: _____

I authorize _____ to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my bank charges and verify that payments are processed properly.

Signature of Account Holder: _____

IMPORTANT NOTICE: You are responsible to keep your auto payment information on file current. Please submit a new authorization form for any credit/electronic check account changes, especially expiration dates. If your payment is not processed, it is your responsibility to contact _____ for information or submit a revised form with the current information. Any accounts with outstanding balances are subject to being disabled until payment is received. Please monitor your credit card/ bank charges. You will continue to receive invoices and statements. Payments received after the statement date will not show on the statement.