

# 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.