



FORENSIC

DRUG TESTING SERVICES, Inc.

73-700 Dinah Shore, B206, Palm Desert, CA 92211

** This submission replaces all previous submissions*

AUTO-PAY ENROLLMENT AUTHORIZATION FORM

I authorize **FORENSIC Drug Testing Services, Inc.** and their agents to initiate debit entries to my account or card listed below for payment of amounts due for goods or services. This authorization will remain in effect until I provide written notice of cancellation at least 60 days before the next scheduled payment.

I understand that:

- Payments will be deducted automatically & applied to unpaid Invoice(s), monthly.
- Returned payments may incur a fee of \$59.00.
- I am responsible for ensuring sufficient funds are available on the scheduled date.

Submitter's PRINTED Name:

Submitter's Signature

Date

Auto-Pay Option 1: Credit/Debit Card



Name Printed on Card:

Expires:

Card Number:

CVV:

Billing Address:

ZIP:

Auto-Pay Option 2: ACH Checking Account



ACCOUNT HOLDER'S Name:

Company Name:

Name of Bank:

ROUTING Number:

ACCOUNT Number:

Please e-mail completed form to: info@fdtsi.com....Thank you



FORENSIC
DRUG TESTING SERVICES, Inc.

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