FORENSIC
DRUG TESTING SERVICES, INC

73700 Dinah Shore Drive, Suite B206
Palm Desert, CA 92211-0815
(760) 770-6068

AUTO-PAY
Enrollment Form

I attest that I am the authorized card/account holder of the below listed credit/debt/ checking account, shown below and I am duly authorized to make regular debts/charges/ withdraws from said account. As such, I am authorizing Forensic Drug Testing Services, Inc. to use the below account information to set-up regular auto-payment for my past, current and future open Invoices. This auto-pay authorization shall remain valid, until canceled by either parties written directives.

Clear

OPTION 1: CREDIT/DEBT CARD AUTO-PAY

COMPANY NAME: _____ **Date:** _____

Authorized Card/Account Holder's Name: _____

Card Number: _____ **Exp Date:** _____

Security Code: _____ **Billing ZIP:** _____

Card's Billing Address: _____

City: _____ **State:** _____ **Phone:** _____

OPTION 2: CHECKING ACCOUNT AUTO-DEBT *(E-Check)*:

Business or Personal Checking Account?: _____

Checking Account Number: _____

Routing Number: _____

Bank Name: _____

Branch Phone: _____

Account Holder Authorization & Agreement for Forensic DTS, Inc to process auto-payments from the above account.

Authorized Signature: _____

Name Printed on Card/Account: _____

PRINTED Name of Person submitting this form: _____

Submitters E-Mail for Confirmation: _____ SUBMIT

PLEASE, COMPLETE, PRINT, SIGN and FAX TO: (760) 770-0806 or e-mail to: kevin@fdtsi.com