

Recurring Payment Authorization Form

ACH Direct Debit and Credit Card

Description

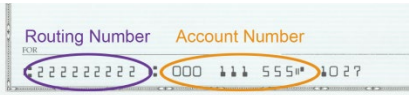
This form is used to schedule payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card.

Benefits of Recurring Payments:

- It's convenient (saving you time and postage)
- Your payment is always on time, eliminating late charges

Authorization

By signing this form, your organization authorizes regularly scheduled charges to your bank account or credit card, based on your usage of Asurint's services. You will be invoiced, and the payment will be charged the amount indicated on each invoice on the due date of each invoice, as specified by your account's payment terms. No prior notification, other than the invoice, will be provided. The payment information will remain in effect on the Client's account until a notification is received from the Client to change/or terminate the payment details.

Complete the below information to authorize recurring payments			
Business Name		Company Acct ID#	
Contact Full Name		Contact Job Title	
Contact Email		Contact Phone	
Choose either checking/savings account or credit card authorization and complete the related details			
Checking/Savings Account Authorization (ACH Debit)		Credit Card Authorization (Credit Card Transaction)	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings 		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	
Name on Acct		Cardholder Name	
Bank Name		Account Number	
Account Number		CVC Code	
Bank Routing #		Expiration Date	
Bank City/State			
Signature _____		Date _____	