



**webformix**

• Convenient • No lost or stolen checks • No delayed or missing payments

**DEAR VALUED CUSTOMER**

*We want to provide you with the best service possible.*

*Please help us serve you better by signing up for our secure automated payment service.*

**AUTHORIZATION FOR AUTOMATED PAYMENTS**

I authorize and request Webformix to initiate debit entries to my account at the depository institution listed below, by and through Automated Payment Systems, hereinafter called APS. This authorization is to remain in full force and effect until Webformix has received written notification from me of its termination in such time and in such manner as to afford Webformix a reasonable opportunity to act on it. A record of each charge to my account will be included in my bank statement and will serve as my receipt. Furthermore, Webformix will e-mail a separate invoice for my records.

Customer Name: \_\_\_\_\_

Bank Account Owner if different from Customer: \_\_\_\_\_

Bank or Institution Name: \_\_\_\_\_

Bank or Institution City, State: \_\_\_\_\_, \_\_\_\_\_

Account Type:  EFT (Preferred)  Credit Card (higher processing fees = fewer support staff) :(

Bank Account  Checking  Savings

Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Owner Signature: \_\_\_\_\_

Credit Card Type:  Visa  MC  AMEX (least preferred, highest processing fees)

Number: \_\_\_\_\_

Exp Date: \_\_\_\_ / \_\_\_\_

Credit Card Account Owner Signature: \_\_\_\_\_

Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**ATTACH VOIDED  
CHECK HERE**