



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**