

Payment Authorization Form

Please fill out the information below and submit this form to invoicing@fileandserve.com:

Client ID #:		
Amount		
Invoice #		
I	authorize File & ServeXpress to charge my	
credit card to clear the balance that is due on my File & ServeXpress account indicated above.		

Please check one

As a one-time transaction for unpaid invoices with File & ServeXpress

As a recurring monthly transaction on or after the <u>15</u> each month for open monthly invoice amount.

*By electing this option I understand that any open invoices will be resolved as a one-time payment to bring the account current. Subsequent payments will resume as stated above.

Billing Address:	
City:	State:
ZIP:	Phone Number:
Email Address:	

BANK INFORMATION (COPY OF VOIDED CHECK REQUIRED)	CREDIT CARD INFORMATION	
Checking Savings	Visa MasterCard Amex Discover Cardholder Name:	
Name on Acct: Bank Name: Account Number: Bank Routing#: Bank City/State:	Card Number: Card Number: Exp Date: CVV	
Routing Number Account Number •:321180379 •:000123456789 •:123 gnature: X	Date:	

By signing this form, I agree and understand authorization for auto drafts will remain in effect unless File & ServeXpress is notified in writing to cease payment drafts 15 days prior to the next billing date. All payments will be processed on or after the date signed above. Credit Card payments exceeding \$10K will incur a 4% processing fee to be added at the time of the charge. Returned ACH transactions for Non-Sufficient Funds (NSF) are subject to a \$35.00 NSF fee and subsequent efforts within 30 days will incur an additional \$10.00 charge for each attempt. I certify I am an authorized user of the credit card/bank account and understand this document will be used to verify disputed transactions.