

PAYMENT AUTHORIZATION FORM

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

Client ID #: _____

Amount: _____

Invoice #: _____

I _____ hereby authorize File & ServeXpress to withdraw payment from my bank account to clear the balance that is due on my File & ServeXpress account.

Please fill check one

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

As a recurring monthly transaction **on or after the 15 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)

Checking Savings

Name on Acct: _____

Bank Name: _____

Account Number: _____ Routing Number: _____

Bank City/State: _____

Routing Number	Account Number
⑆ 3 2 1 1 8 0 3 7 9	⑆ 0 0 0 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3

Signature: _____ 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 will incur a 4.5% 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.