

Auto Pay Authorization Form

I hereby authorize Answering Service Care to initiate debit entries to my checking account indicated below. I agree that any payment returned unpaid will be subject to the same charges and treated in the same manner as a returned paper check. I also understand that these withdrawals will continue until I provide written notice to stop.

BANK INFORMATION

Bank Name:

City

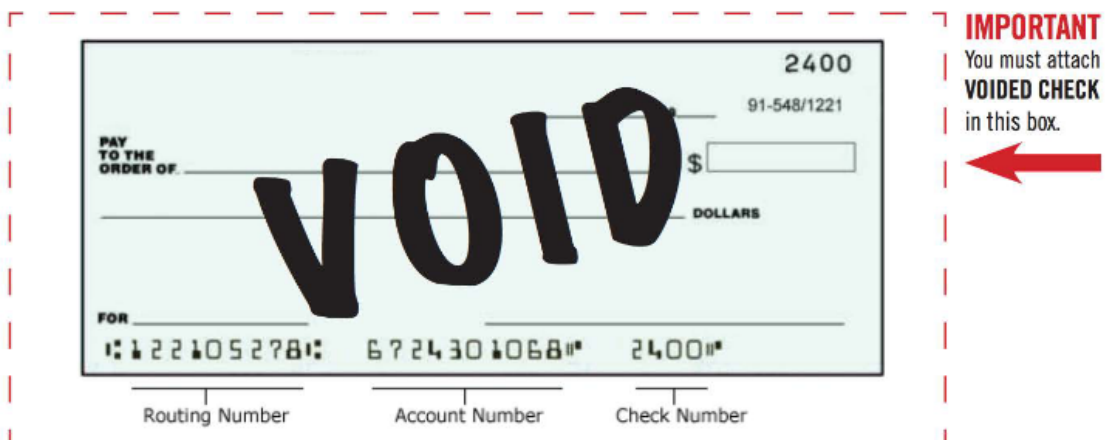
State

Zip Code

Name (as it appears on the bank account):

Routing Number (9 digits):

Bank Account Number:



The authorization is to remain in full force and effect until Answering Service Care has received written notification from me of its termination. I understand that I will receive email invoices with the amount to be charged.

ACCOUNT INFORMATION

Account Number:

Company Name:

Phone Number:

Print Name:

Date:

Signature:

TO SIGN UP FOR AUTO PAY SEND THIS FORM TO BILLING@ANSWERINGSERVICECARE.COM
OR FAX TO 954 - 968 - 9888