



AUTOMATIC PAYMENT AUTHORIZATION FORM

Company Name: _____ Acct #: _____

CREDIT CARD

Name on Credit Card: _____

Card Type (circle one): VISA Mastercard Discover AMEX

Credit Card Number: _____

Expiration Date: _____ Verification #: _____

OR

E-CHECK

Name on Checking Acct: _____

Routing #: _____

Account #: _____

I have authorized **Infinedi, LLC** to charge the following to my credit card (check all that apply):

_____ One Time Process Only in the Amount of \$_____

_____ Automatic Payment of Monthly Invoice
(credit card receipt will be mailed with monthly invoice)

I agree to be solely responsible for all charges stated in the Mutual Agreement (on a monthly basis if requested) made by **Infinedi, LLC** while a client. Charges will be immediately stopped when our contract with **Infinedi, LLC** is terminated.

Card Holder's Signature: _____ Date: _____

FAX TO: (918) 249-4460