

Automatic Payment Authorization Form

Company Name: _____ Client Code: _____

CREDIT CARD

Name on Credit Card: _____

Card Type (circle one): VISA Mastercard Discover AMEX

Credit Card Number: _____

Expiration Date: _____ Verification #: _____

E-CHECK

Name on Checking Acct: _____

Routing #: _____

Acct #: _____

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

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

_____ Automatic Payment of Monthly Invoice

I agree to be solely responsible for all charges started 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: _____

Please Fax This Form To: 918-249-4460

**All credit card processing fees will be passed directly from the processors to the purchaser, and will be added to the total on credit card transactions. By proceeding with your payment, you acknowledge and accept this fee.

There is no fee for E-CHECK.