

### 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

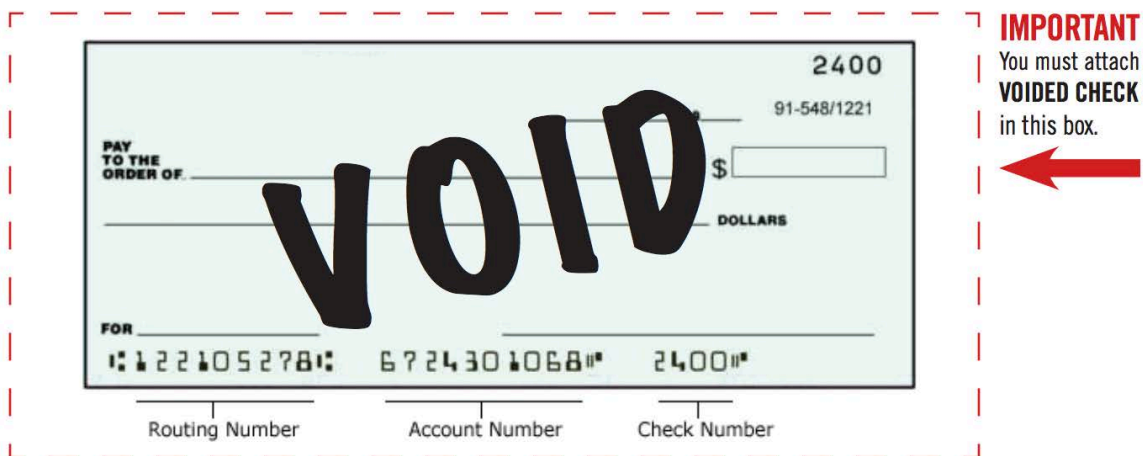
Bank Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name (as it appears on the bank account): \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_



**IMPORTANT**  
You must attach  
**VOIDED CHECK**  
in this box.

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](mailto:BILLING@ANSWERINGSERVICECARE.COM) OR FAX TO 954-968-9888