

## ACH DEBIT & CREDIT CARD AUTHORIZATION AGREEMENT

I hereby authorize POS Services LLC, hereinafter called COMPANY, to process payment for amounts due to the COMPANY from the account described below.

City, State

Exp. Date

Account Number

Check the appropriate payment frequency:

One time charge of \$\_\_\_\_\_

All recurring and one-time charges

Check the appropriate payment method:

Credit Card

ACH Debit (include voided check)

For ACH Debit Payments:

Financial Institution Name

Transit/Routing Number

For Credit Card Payment:

Credit Card Number

Name on Credit Card

Credit Card Billing Address Z

Zip

CVV #

For recurring authorization, this authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY a reasonable opportunity to act upon it.

Company Name		
Print Name	Title	
Signature	Date	

Please remit to Sales@iPays.biz