



Customer Authorization Recurring Auto Payment Form

Account Information:

Company Name: Account # Located on upper right of invoice
Contact Name: Phone : Date:

Payment Options:

Credit Card Payment:

Name of Cardholder:
as it appears on card
Credit Card Billing Address:
City: State: Zip:
Credit Card Type: Credit Card #
Expiration:

I authorize Office Ally to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my credit card charges and verify that payments are processed properly.

SIGNATURE of Cardholder: _____

Electronic Check Payment:

Please include copy of voided check.

Name on Checking Account:
Address on Check:
City: State: Zip:
Routing #: 9 digits Account #:

I authorize Office Ally to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my bank charges and verify that payments are processed properly.

SIGNATURE of Account Holder: _____

IMPORTANT NOTICE: You are responsible to keep your auto payment information on file current. Please submit a new authorization form for any credit card/electronic check account changes, especially expiration dates. If your payment is not processed, it is your responsibility to contact Office Ally for information or submit a revised form with current information. Office Ally accounts with outstanding balances are subject to being disabled until payment is received. Please monitor your credit card/bank charges. You will continue to receive invoices and statements. Payments received after the statement date will not show on statement. Please reconcile your account each month.

Questions?
Call 360 975-7000 option 4
Submit form via-
FAX - 360 953-8427
OR

Mail – Office Ally, LLC, PO Box 872020, Vancouver, WA 98687