

# RECURRING PAYMENT AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO US.



## Recurring payments via a Bank Account will make your life easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

## Here's how recurring payments work:

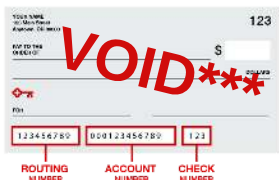
You authorize regularly scheduled charges to your checking/savings account. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your bank. You will receive notice from us at least five (5) prior to the payment being collected.

## Please complete the information below

I \_\_\_\_\_ authorize Myxcell Network to debit my Bank account indicated below on the 4th of each month for payment of my Business phone service.

**Billing Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

<b>Checking</b> <input type="checkbox"/>	
<b>Savings</b> <input type="checkbox"/>	
<b>Name on Acct</b>	_____
<b>Bank Name</b>	_____
<b>Account Number</b>	_____
<b>Bank Routing #</b>	_____
<b>Bank City/State</b>	_____



**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*\*\*To ensure proper setup a voided check is required**

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Myxcell Network in writing of any changes in my account information or termination at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF) I understand that Myxcell Network may at its discretion attempt to process the charge again within 10 days, and agree to an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute scheduled transactions with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.

Once signed return the completed form to the address below or via fax to 1-800-790-0399 or email [billing@myxcell.net](mailto:billing@myxcell.net)