Auto Payment Signup Form

Auto Payment, an optional service available to all CyberSource customers at no extra cost, allows you to pay your monthly bill automatically by credit card or bank account. Sign up for Auto Payment by following the easy steps outlined below:

1. Complete the entire form below and review it for accuracy.

2. Sign the Payment Authorization section.

3. Scan completed form and send to billing-cybs@visa.com or fax to 385-455-2407.

Once we have received your information and validated that it is correct, you will receive an email confirmation of your enrollment in the program.

If you have any questions about the Auto Payment program, please contact CyberSource's Billing department at billing-cybs@visa.com. If you have questions about how CyberSource secures personal data and credit card information, please consult our Privacy Policy.

SECTION 1: BILLING ADDRESS (Must match address on the credit card)	
Company: _____	**Merchant ID/Login ID:** _____
First Name: _____	**Last Name:** _____
Address Line 1: _____	
Address Line 2: _____	
City: _____	**State/Province:** _____
Zip/Post Code: _____	**Country:** _____
Phone Number: _____	**Email Address:** ☐ **Send confirmation email** _____

SECTION 2: PAYMENT METHOD (The bank account option is only available for USD funds drawn from U.S. bank accounts)			
☐ **Credit Card**	**Type:** ☐ Visa ☐ **MasterCard**	**Credit Card Number:** _____	**Expiration Date:** _____
☐ **Bank Account**	**Type:** ☐ Corporate Checking ☐ Checking ☐ Savings	**ABA Routing Number:** _____	**Account Number:** _____

SECTION 3: PAYMENT AUTHORIZATION – Signature required
Your signature indicates that you authorize CyberSource to verify and use the bank account and/or credit card information as provided above to begin Auto Payment on your account.

I hereby authorize CyberSource to either (a) charge the credit card listed above; or (b) withdraw payment from the checking or savings account listed above, fees for services provided by CyberSource to Company under the Company's CyberSource Agreement. This authorization is valid until such time as the Company provides written notice of cancellation to CyberSource and CyberSource has had reasonable opportunity to act upon the notice.

Print Name: _____	**Signature:** _____	**Date:** _____