

Payment Authorization Form

Instructions:

- Please select a payment option and also circle the type of payment you will be using
- Fill in General Information and either Credit Card Information **OR** ACH Bank Account Information
- Fax completed form to (503) 227-6874 or Email to INFO@transferonline.com

Monthly Auto-Debit

- I hereby authorize Transfer Online, Inc. to bill my Visa, Mastercard, American Express or ACH (bank account debit) for **all** usage charges as made and invoiced (circle one).

Monthly Maintenance Fees Only

- I hereby authorize Transfer Online, Inc. to bill my Visa, Mastercard, American Express or ACH (bank account debit) for all monthly maintenance fees as made and invoiced (circle one).

One-Time Debit (single payment)

- I hereby authorize Transfer Online, Inc. to bill my Visa, Mastercard, American Express or ACH (bank account debit) for this charge only (circle one).

General Information

Name: _____

Company Name: _____ Customer Number: _____

Billing Address: _____

Amount to be charged/debited: _____ Invoice No(s): _____

Phone: _____ Email: _____

Signature: _____ **Date:** _____

Credit Card Information

Credit Card Number: _____

Exp. Date: _____ Security Code: _____

ACH - Bank Account Information (If paying by ACH, it may take 48 hours to verify your payment, transactions will not be processed until payment is posted to your account.)

Bank Account Number: _____ Bank Routing Number: _____

Name of Bank: _____ Business Account (CCD) or Personal Account (PPD)?