

Automatic Payment Request Form

Accurate Answering Service, Inc
31511 Harper Avenue
St. Clair Shores, MI 48082
586-296-4000 / fax 586-415-3036

Account #: _____

Account name: _____

Card type: VISA MASTERCARD DISCOVER

Name as it appears on the card: _____

Credit card number: _____

Expiration Date: _____

By signing this Automatic Payment Request Form I understand and agree to the following:

I am an authorized signer on this credit card.

I am authorizing Accurate Answering Service, Inc, to charge this card the first day of each month.

An invoice will be provided the 28th of each month.

I am authorizing the automatic payment of the full amount due every month.

I understand that if the card is declined for any reason I will be notified and asked for an updated payment method.

I can opt out of the automatic payment plan at any time by emailing my request to lynn@callaccurate.com.

Signature

Date

Please print your name