

Automatic Payment Request for Checking Accounts (EFT)

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

Account #: _____

Account name: _____

Please attach a voided check. This is the account which will be debited. Write your Federal Tax Identification number on the check along with the State your business was incorporated in.

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

I am an authorized signer on this checking account.

I am authorizing Accurate Answering Service, Inc, to submit this EFT 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 check is declined for any reason I will be notified and asked for an alternate payment method.

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

Once you authorize Automatic Payment, your checking account will be debited electronically through the regular banking system on the first of every month. Should the draft or EFT be returned unpaid, a returned item fee may also be debited from your account, or electronically drafted. Since your billing address is in Michigan, the returned item fee is \$25 or the maximum permitted by law. By signing this agreement you are authorizing these transactions.

Signature

Date

Please print your name