



AUTOMATIC PAYMENT AUTHORIZATION FORM

*****PLEASE Print Clearly*** Please fax the completed and signed form to (480) 907-1231**

Company name: _____

Physical address of business office: _____

Authorized Representative

Name: _____

Date: _____

Signature: _____

Title: _____

Option 1 (Credit Card)

I authorize focusIT, Inc., an Arizona Corporation, to automatically:

- Bill my credit card on the 10th of each month for my outstanding balance due.

Card Type: _____

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Billing address of credit card: _____

Option 2 (ACH / Electronic Check)

I authorize focusIT, Inc., an Arizona Corporation, to automatically:

- Debit my checking account on the 10th of each month for my outstanding balance due.

Bank Name: _____

Account Number: _____

Routing Number: _____

By signing this signature page you agree you are an authorized representative of your company. Signing this signature page assumes both parties agree to all terms and conditions of the authorization form. Any necessary changes to the authorization form will be made in writing, and a new signature page will be generated.