

## AUTOMATIC PAYMENT AUTHORIZATION FORM

### Billing Information

Billing Contact: \_\_\_\_\_  
Company: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Automatic Payment

Please select ONE of the following automatic payment options:

**ELECTRONIC FUNDS TRANSFER (EFT)**

Checking  Savings

Account Name: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_

for SAMPLE  
: 123454321 : 0123454321 "

OR

**CREDIT CARD** (No virtual credit cards accepted)

Credit Card Number: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_

**Complete only if cardholder differs from billing contact information above.**

Cardholder Name (Printed): \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify ONE SOURCE THE BACKGROUND CHECK COMPANY in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being declined for any reason, I understand that ONE SOURCE THE BACKGROUND CHECK COMPANY reserves the right to assess late fees for no payment after 30 days and may submit to collection agency after 120 days. All fees and interest incurred during past due payments may be subject to additional charges at ONE SOURCE THE BACKGROUND CHECK COMPANY'S discretion. I acknowledge that the origination of the EFT to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

I authorize ONE SOURCE THE BACKGROUND CHECK COMPANY to charge the above bank account or credit card account on the 6<sup>th</sup> business day each month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Printed): \_\_\_\_\_

Following completion, please submit this form to [accounting@onesourcebackground.com](mailto:accounting@onesourcebackground.com). AUTOMATIC