

ACH Authorization Form

I hereby give consent to Uptime Systems, LLC to perform an ACH debit using the account information below for any outstanding invoices or towards a retainer requested.

ACCOUNT INFORMATION

Account Type (Check one)

- Personal Checking
- Business Checking

Routing Number: _____

Account Number: _____

AUTHORIZATION

Company Name: _____

Authorized Signature: _____

Today's Date: ____ / ____ / ____

AUTOMATIC BILLING

Automatic Billing: Please put my account on Automatic Billing, and debit each month's invoice on the 20th of every month (the invoice's due date). (Check box to authorize Automatic Billing.)

CONTACT INFORMATION

- Please fill out this form in its entirety and fax to: **612-605-4307**
- Please contact our Billing department with any questions at 888-UPTIME-2.