

Payment Authorization Form

Please select payment method and fax the completed form to (631) 576-8094.

☐ CREDIT CARD

Customer Name (as shown on card)	
Card Type	
Card Number	
Expiration Date	

☐ ACH TRANSFER

Customer Name (as shown on bank records)	
Customer's Bank	
Routing Number	
Account Number	

*Please attach a voided check to this form.

<i>Company Name:</i>	
<i>Authorized Customer Signature:</i>	
<i>Date signed:</i>	
<i>One-time payment amount</i>	

Please choose one of the below options:

- ☐ YES! Please enroll me in automatic payments! (I understand that my monthly invoice amount may vary)
- ☐ No thank you, I'd prefer to pay via check in the future

If you have any questions, please call the billing department at
(855) INN-ROAD or billing@innroad.com.

Recurring Transaction Policy: You have authorized innRoad, Inc and your financial institution to initiate the transaction detailed in your monthly invoice. You have acknowledged that the origination of debit or credit transactions to your account must comply with the provisions of local laws. This authorization is to remain in full force and effect until innRoad, Inc has received written notification from you of its termination in such time and manner as to afford innRoad, Inc and your financial institution a reasonable opportunity to act on it.