



INSTRUCTIONS:

1. Complete the form below by entering all billing related information in the blanks below.
2. Print the entire form and sign it. The signer must be either the Credit Card Holder for the credit card authorization or the Bank Account Holder for the ACH authorization.
3. Attach a photocopy of a VOIDED check (for ACH Authorization)
4. FAX completed form to 856-761-1100 or 856-761-1010

ELECTRONIC PAYMENT (ACH) AUTHORIZATION

I, _____, hereby authorize VOIP Systems USA, LLC, to charge my bank account for all setup and monthly subscription fees, plus any usage fees per the signed VOIP Systems USA, LLC Service Activation Form and Agreement, Invoices, and in accordance with the VOIP Systems USA, LLC Terms of Service referenced on that Agreement.

Company Name: _____

ACH Contact Name: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Tax ID Number: _____

Financial Institution Name (Please Print)

Routing Number: _____

Account Number: _____

Account Type:

Checking Account

Savings Account

Financial Institution City and State:

WE AUTHORIZE THE FOLLOWING PAYMENT TO BE MADE VIA THE ACH SYSTEM

One Time Payment in the Amount of \$ _____

Monthly Recurring Charges per Service Activation Form for _____

Other _____

Authorized by the Bank Account Holder:

Signature: _____

Print Name: _____

Title: _____

Date: _____

Direct Phone Number: _____

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize VOIP Systems USA, LLC, to charge my credit card account for all setup and monthly subscription fees, plus any usage fees per the signed VOIP Systems USA, LLC Service Activation Form and Agreement, Invoices, and in accordance with the VOIP Systems USA, LLC Terms of Service referenced on that Agreement.

Company Name: _____

Visa Mastercard American Express

Credit Card Number: _____

Exp Date: _____

Name on Card: _____

Credit Card Billing Address

Street: _____

City: _____ State: _____

Zip Code: _____

Country (if not US): _____

Telephone () - _____ - _____

WE AUTHORIZE THE FOLLOWING PAYMENT TO BE MADE VIA THE ABOVE CREDIT CARD

One Time Payment in the Amount of \$ _____

Monthly Recurring Charges per Service Activation Form for _____

Other _____

Authorized by the Credit Card Account Holder:

Signature: _____

Print Name: _____

Title: _____

Date: _____

Direct Phone Number: _____