



**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: \_\_\_\_\_