



Portasoft of Morris County

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www.Portasoftnj.com

E-Z Pay Authorization Form

Name: _____ Acct# _____

Address: _____

City _____ State _____ Zip _____

PH _____ FAX _____ E-MAIL _____

I authorize **Portasoft of Morris County** to electronically debit my checking/savings account in the amount indicated below. I understand that fulfillment of this order will begin within 3 working days following the debit of my account. **EZ Pay** users should understand that electronic debits will be returned if there are insufficient funds in their accounts at the time of the debit. A separate service fee of **\$25** will be charged to your account for returned items due to insufficient funds, unfunded, or closed accounts.

You must check one box for each:

_____ Debit my entire balance each month _____ Debit a set amount each month (\$ _____)

_____ Debit my account on the 1st of the month _____ Debit my account on the 15th of the month

*If this is a one-time only payment: Amount: \$ _____ Debit on (date) _____

Account information for Checking Account Withdrawal:

Bank Name: _____ Branch: _____

Routing Number (first 9 digits) _____

Checking Account Number _____

Please attach a voided check and return with this form.

Signature: _____ Date: _____

Important: For check orders over the phone, mail completed copy of this authorization form to Customer same day order is taken.

Account information for Credit Card Debit:



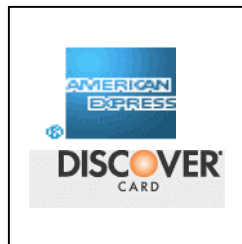
Card Type: MC _____ VISA _____ AMEX _____ Discover _____

Card Number: _____ - _____ - _____ - _____



Expiration Date: _____ / _____ **3 Digit Ver #: _____

Cardholder Signature: _____



*** 3 digit verification numbers can be found on the back of the card on the white strip for all cards except Amex. Amex verification numbers can be found above the account number on the front to the right. Verification numbers are for the sole purpose of verifying that the card is in your possession.*