

AUTHORIZATION FOR AUTOMATIC BILLING OF SERVICES TO CREDIT / DEBIT CARD OR EFT

Please provide the following information:

Electronic Funds Transfer From Checking Account.

I, _____, request CTI Networks, Inc. to draft payment electronically from my checking account.

Bank Routing # (9 Digits)

Checking Account # (6 to 16 Digits - varies by bank)

Your Name _____ 9999
 1234 Main St. _____
 Anytown, USA _____

Your Balance _____ dollars

123456789 000123456789 9999
Routing Number Account Number

PLEASE ATTACH VOID CHECK

- OR -

Credit Card or Debit Card

I, _____, request CTI Networks, Inc. to charge my credit card or debit card account identified below ("Card Account") for monthly recurring and other amounts due from me to CTI Networks, Inc.

Credit/Debit Card Account Number
 . . .

Card Type: Visa Mastercard Discover CREDIT/DEBIT CARD EXPIRATION DATE ___ / ___

I agree that CTI Networks, Inc. may continue to charge such amounts until I have provided a CTI Networks, Inc. billing representative with verbal notice to withdraw this authorization. I understand that CTI Networks, Inc. may, upon prior notice, modify the option to pay by credit card, debit card, EFT, or may discontinue it entirely.

CTI Networks, Inc. Account Number _____

CTI Networks, Inc. Account Holder's Name _____

CTI Networks, Inc. Account Holder's Telephone Number (_____) _____

<p>Account Holder's Address</p> <p>Street: _____ Apt. _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p>	<p>Billing Address</p> <p>Same as Account Holder's Address: YES / NO</p> <p>Street: _____ Apt. _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p>
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Please read and understand that by signing this form you are accepting all policies.

- I understand that CTI Networks is not responsible for any NSF fees, overlimit fees or any other fees I might incur by my bank or credit card company using a debit/credit card or EFT for payments.
- I understand I will be charged a charge back resolution fee of \$30 if I dispute a previously authorized payment made by debit or credit card or EFT.

Account Holder's Signature _____ Date _____

Contact Phone Number (_____) _____