

I hereby authorize Access Point Inc. to draft my credit card or bank account on a monthly basis. The monthly draft will occur approximately seven (7) business days before the due date of the invoice. To cancel automatic draft, please provide written notification to the address below and allow 30 days for the cancellation to take effect. Credit card payments are subject to a convenience charge. Please review our rate schedule at www.accesspointinc.com/fee.htm before submitting your request. This form must be completed in its entirety. Any incomplete forms will not be processed.

Please mail or fax the completed form to:

Access Point Inc.
Attn: Collection Department
1100 Crescent Green, Suite 109
Cary, NC 27518
Fax: 800-488-8859

PLEASE PRINT THE INFORMATION BELOW:

Customer Name: _____
(Print name as it appears on your invoice)

Access Point Account #: _____

Customer Signature: _____

Date: _____

Please check one of the draft options listed below and complete the information.

CREDIT CARD DRAFT

- Visa MasterCard
 Discover American Express

BANK DRAFT

A voided check must be provided.

Name on Card

Bank Name

Credit Card Number

ABA Routing Number – 9 digits

Expiration Date

Bank Account Number