EDEX Information Systems Inc.
ADDENDUM C
AUTOPAY CREDIT CARD OR ACH AUTHORIZATION

Company Accounts Payables Contact

COMPANY NAME	

ACCOUNTS PAYABLES CONTACT NAME	AP CONTACT TITLE

AP PHONE	PHONE EXT	AP EMAIL ADDRESS

BILLING ADDRESS

CITY	ST	ZIP

EMAIL ADDRESS FOR PAYMENT RECEIPT, if different	EMAIL ADDRESS FOR MONTHLY INVOICE, if different

AutoPay Credit Card

CREDIT CARD NUMBER	EXP DATE	CARD TYPE ☐ VISA ☐ MC ☐ AMEX
NAME ON CARD		

AutoPay ACH Account

BANK ROUTING NUMBER	BANK ACCOUNT NUMBER

BANK ACCOUNT TYPE

☐ BUSINESS CHECKING ☐ PERSONAL CHECKING ☐ SAVINGS

BANK NAME

NAME ON ACCOUNT (COMPANY NAME IF BUSINESS ACCOUNT, INDIVIDUAL NAME IF PERSONAL ACCOUNT)

Authorization

I (we) authorize Edex Information Systems, Inc. to initiate regularly scheduled charges to my bank account or credit card account as indicated. This authorization shall remain in full force and effect until notification of termination is received by Edex Information Systems, Inc. I understand that the amount showing due on the current invoice will be drawn from the account indicated on first business day of each month. In the event that a transaction is rejected or declined for Non-Sufficient Funds (NSF), submission error, or other bank related return reasons, I understand and agree that Edex Information Systems, Inc. may at its discretion resubmit the transaction within thirty (30) days. I understand and agree that a return item charge may be assessed for each returned ACH debit. I certify that I am an authorized user of this account.

I acknowledge that the origination of transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring transaction with my bank so long as the transaction corresponds to the terms contained herein.

x_____   _____
Signature   *Date*