



Auto-Pay Authorization Form
ACH e-Check or Credit Card

I authorize WAVE.BAND, LLC to charge my bank account or credit card per the terms outlined below.

Starting on the date signed below and continuing thereafter through the end of my contracted service plan (and any extensions) for the amount agreed upon in my Customer Service Agreement as detailed on the monthly invoice.

Also charge any outstanding invoices on my account that have not been paid as of today.

Bank Checking or Savings Account:

Account Name:		Bank Name:	
Routing Number (9-digit number):		Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Ownership: <input type="checkbox"/> Business <input type="checkbox"/> Personal
Account Number:		Check Example:	

Credit or Debit Card:

Cardholder Name:		Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Account Number:		Billing Address:	
Expiration Date:	CVV (3-digit code on back):	City, St, Zip:	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify WAVE.BAND, LLC in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next invoice date. If the invoice date fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account the same date the invoice is issued. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that WAVE.BAND, LLC may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit/debit card or bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.

Company Name:		Date:	Phone#:
Printed Name:		Signature:	

Send completed form by email to service@wave.band or by fax to 1-888-510-5619