Information Professionals, Inc.
25 Oakland Drive W
Whitehouse Station, NJ 08889-3657
Phone: 888.333.4617 Fax: 908.279.8645
www.eWorkOrders.com

e-Check Authorization Form for Recurring Monthly Charges

Company Name:

Subscription ID or Department Name:

Account Type (Circle One): Business Consumer (Circle One): Checking Savings

Name on Account:

Bank Routing Number:

Bank Account Number:

Sample Check:

You can also attach a voided check

Email Address for Receipts:

AUTHORIZATION

I hereby authorize Information Professionals, Inc. to initiate either an electronic debit or to create and process a demand draft against my bank account monthly for fees associated with software services provided, including, if necessary, adjustments for any changes to my subscription, customization requested and consulting services provided for my account. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. In order to cancel the recurring billing process, I am required to contact Information Professionals, Inc. one (1) month in advance to either cancel the associated Information Professionals, Inc. account, or arrange for an alternative method of payment.

_____ _____

Customer Signature **Date Signed**