



# Automatic Billing Authorization Agreement

I hereby authorize Voxox to initiate automatic billing to my credit card or bank account listed below and to charge all fees due for services and equipment under the Service Agreement(s) between me and Voxox to this card or account.

This agreement will remain in effect until Voxox receives a written notice of cancellation from me, or until I submit a new Billing Agreement Form to the Billing Team at Voxox.

## Automatic Billing Authorization Form

Company Name:

I authorize Voxox to charge my fees directly to the credit card or account listed below:

### Credit Card Account

### Bank Account - please attach a voided check

Name on Credit Card (exactly as printed on card)

Bank Name

Billing Address for Credit Card (street, suite #)

Account Type (Checking, Business Checking, Savings)

City State Zip

Bank ABA Routing Number

Credit Card Number

Bank Account Number

Cv2 Code Expiration

Customer Name (Please Print)

Signature

Signature

### Please Initial

\_\_\_\_\_ Charge all charges to the above card or bank account

\_\_\_\_\_ This authorization is valid until I provide written cancellation

\_\_\_\_\_ If I have provided bank account information, I have attached a voided check