



Autopay Authorization Form

____ Bank Account

I hereby authorize Unbound Digital LLC to initiate a debit entry to my bank account indicated below at the depository financial institution named below and to debit the amount to such account for services listed below. This authorization will continue until revoked in writing.

Bank	
Routing No:	
Acct No:	
Check/Sav:	

____ Credit Card (**3% fee will apply as all invoices include a 3% cash discount**)

I hereby authorize Unbound Digital LLC to initiate a debit entry to my credit card indicated below at the depository financial institution named below and to debit the amount to such account for services listed below. This authorization will continue until revoked in writing.

Card Type:	
Card No:	
Expiration:	
CVV:	

Invoices to Autopay (Any items not setup on Autopay will be NOT automatically debited. You may respond to invoices to give us authorization to process or you may submit payment manually)

	Managed IT Services		Office 365
	UD Voice		Website
	All Invoices		Other:

I hereby assert that I am either the rightful and legal owner of I am a duly authorized signer on the account with the power to authorize these transactions.

Company Name: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

Once Complete, please email to invoices@unbounddigital.net or fax to 423-342-3090

By signing this agreement, I hereby authorize Unbound Digital LLC to electronically debit the bank account or credit card indicated above for payments due under this agreement. I understand the effective date of these electronic debits to my account will be the business day on which the payment is due or scheduled per this agreement. I understand that if the debit is returned unpaid due to insufficient funds or my banks electronic draft restrictions, I may be charged a \$35.00 NSF Penalty for returned item.