

One-time & Recurring Charge Authorization Form



_____ date

I, _____ authorize APXnet to charge my banking account listed below,
name, title

starting on the _____ and on the _____ for each month following through
month, day, year day of month

_____ for the amount of \$ _____ for _____
month, day, year amount description of service

My account information is as follows:			
Bank Name:	_____		
Bank Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Business Checking
Bank Account Routing Number:	_____		
Bank Account Number:	_____		

This payment authorization is valid and to remain in effect unless I, _____

notify APXnet of its cancellations by sending written notice by email to CustomerService@APXnet.com.

Customer Name Printed: _____

Customer Signature: _____ Date: _____

Please attach a voided check below and fax to : 866.605.4235 or scan and email to: CustomerService@APXnet.com
Payments and orders cannot be placed until the completed form is received.

