



PO BOX 1134
New York, NY 10159

(888) 224-6958
Fax 518-325-1397

ACH or credit card transaction payment authorization

Date: _____

I, _____, authorize Integrated Path Communications, LLC to charge my account for the total cost of my phone bill each month.

Account Phone number: _____

My account information for eCheck is as follows:

Bank Name: _____
Bank Account Type: _____
Bank ABA Routing Number: _____
Bank Account Number: _____
Phone number: _____

My information for my credit card is as follows:

Credit Card Type: _____
Credit Card Number: _____
Expiration Date: _____
Verification code: _____
Phone Number: _____

This payment authorization is valid and to remain in effect unless I, _____, notify Integrated Path Communications, LLC of its cancellation by sending written notice or by calling customer service.

Customer signature: _____
Customer's name: _____

When you provide a check or credit card as payment, you authorize us to use information from your check or credit card to make an auto fund transfer from your account each month or to process the payment as a check or credit card transaction. For inquiries, please call. 1-(888) 224-6958 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment,