



ITI Internet Services, Inc.
1130 Broadway Plaza Suite 205
Tacoma, WA 98402
Fax: 253-284-0324

AutoPay Authorization

A voided check with the account holder's name pre-printed must be attached. If a pre-printed check is not available, please have your bank fax a letter on bank letterhead verifying the ABA routing number, account number, the account holder's name, and that the account is active.

Please indicate if this is

A New Account ____

An Existing Account ____

ITI Account ID

Contact Name on ITI Account

I, _____, authorize ITI Internet Services, Inc. to process ACH debits to the checking account described below for payment of all fees associated with the ITI Internet Account ID listed above. I understand that there will be a \$25 fee for any returned payment. This authorization is to remain in force until ITI Internet Services, Inc. is notified in writing.

Authorized Signature _____ Date _____

Bank Name

Name on Checking Account

ABA Bank Routing Number

Account Number

Please Attach Pre-Printed Check Here