



**Print to complete. Then fax this form to 1-253-284-0324
Or mail to ITI Internet Services, Inc., 1130 Broadway Plaza Suite 205, Tacoma, WA 98402**

Electronic Payments Settlement Authorization

(USE FOR PAYBYCHECK ECP, ITIPAYMENTS, CLICKPAIDDONE, MEDCOPAY)

MERCHANT: FAX OR MAIL THIS DOCUMENT ALONG WITH A VOIDED CHECK TO CHANGE THE ACCOUNT WHICH IS USED BY ITI FOR YOUR ACH CLEARING PURPOSES.

(ITINTERNET OR PAYBYCHECK ACCOUNT ID)

(NAME ON ITINTERNET OR PAYBYCHECK ACCOUNT)

I, _____, authorize ITI Internet Services, Inc. in accordance with the Terms and Conditions, to process ACH credits and debits to the checking account described below for settlement of cleared funds and withdrawals for ACH returns occurring after settlement has been made for the ITInternet or PayByCheck Account ID listed above. This authorization is to remain in force until ITI Internet Services, Inc. is notified in writing.

(BANK NAME)

(NAME ON CHECKING ACCOUNT)

(ABA BANK ROUTING NUMBER)

(ACCOUNT NUMBER)

Authorizing Signature: _____

Date: _____

Attach check here

ATTACH CHECK HERE