



The Interweb Autopay™ System Agreement

ⓧ All information must be filled in and will be kept confidential.

Phone: 517.703.0299 ■ Fax: 517.703.0391 ■ www.InterWebForce.com

For your convenience, and in an attempt to keep administrative costs and processing fees at a minimum, Interweb employs an Autopay™ billing system. Please fill in the information below, choose a Primary **AND** Secondary Method of Payment, and fax back a signed copy.

1) Specify an email account that will receive email invoices.

Billing Contact Name: EIN/SSN: Email:

2) Primary Method Of Payment:

Credit Card Autopay™

I Choose this as my **PRIMARY** Method of Payment

Card Type: (VISA) (MC) (AE) (DISC)

CC Number:

*CSC Code: Expiration:

Name as on card:

CC Statement billing Address:

Pay By Check Autopay™

I Choose this as my **PRIMARY** Method of Payment

Name on Check:

Bank Name:

Bank Phone:

Bank Routing Number:
Found Bottom Left Of Check (9 digits):

Account Number:
Found Bottom Right Of Check:

Recurring Check Number:

Always used for auto-drafting a payment check:

3) Secondary Method Of Payment:

Credit Card Autopay™

I Choose this as my **SECONDARY** Method of Payment

Card Type: (VISA) (MC) (AE) (DISC)

CC Number:

*CSC Code: Expiration:

Name as on card:

CC Statement billing Address:

Pay By Check Autopay™

I Choose this as my **SECONDARY** Method of Payment

Name on Check:

Bank Name:

Bank Phone:

Bank Routing Number:
Found Bottom Left Of Check (9 digits):

Account Number:
Found Bottom Right Of Check:

Recurring Check Number:

Always used for auto-drafting a payment check:

ⓧ *Signature of Account/Card Holder:

PRINTED Name & Title

Authorizing Signature

Date

The above signed authorizes Interweb to credit our account(s) for monthly invoicing of any funds due as per signed agreement.

NOTE: With the Autopay™ service, an invoice will be sent via e-mail to the person(s) you indicate. An Autopay™ transaction will be conducted on or about the 1st of the month using your PRIMARY method of payment. The SECONDARY method of payment will only be used as a backup due to insufficient funds on your PRIMARY method of payment. If the PRIMARY method of payment is CHECK Autopay™ the recurring check number you indicated above will be used on every check. If the PRIMARY method of payment is CREDIT CARD Autopay™ the card shown above will be used for payment. It is the client's responsibility to ensure your account(s) stay up to date with accurate information. The aforementioned above signed client acknowledges and accepts all Interweb policies – Terms of Service (TOS), Acceptable Use (AU), Service Level Agreement (SLA), and Online Policies, as applicable, and viewable upon request and on our website. Rejected transactions are subject to additional fees in accordance with (TOS) \$Payments and Fees. NSF fees for returned checks (the greater of 10% or \$50), for declined credit cards (not less than \$1). If the second method of payment is also rejected, further declination is subject to additional late fees, interrupted service and a reconnect charge

*CVV/CSC Code - The last group of 3 or 4 digits found on the signature strip on the reverse side of the card.