



**Allbridge**<sup>SM</sup>

*Formerly Bulk TV, DCI & EthoStream*

## ACH/CREDIT CARD PAYMENT REQUEST FORM

Please fax completed form to 866-298-7210 or email to Billing@Allbridge.com.

Customer ID: \_\_\_\_\_ Date: \_\_\_\_\_

Property Name: \_\_\_\_\_

### ACH PAYMENT:

Name of Bank: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

### CREDIT CARD:

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code (CID): \_\_\_\_\_

Name as it Appears on the Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please Print Name and Title of Authorized Signer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I authorize Allbridge to initiate debit and/or credit entries to the Depository Account designated above and authorize the Depository Financial Institution (bank) designated above to debit and/or credit such account. This agreement shall continue in force until Allbridge has received a written termination request.

### Please Select All that Apply:

One time transaction. Amount to be paid \$ \_\_\_\_\_ Invoice number(s) \_\_\_\_\_

Auto Pay. We will charge your credit card or bank account on or before the due date of each invoice.

Keep on File. Payment information will be kept on file for future authorizations via email or phone.