



Automatic Payment Selection Form

I would like to choose automatic payment via (check one):

- ACH Withdrawal Credit Card

Using the method selected above, I would like payment drafted/charged on the following periodic basis (check one):

- Monthly Quarterly Semi-Annually Annually One Time Charge Inv #

Payment Amount: \$ (plus any applicable sales tax)

I would like to choose to continue receiving a paper bill & change to the following billing frequencies (check one):

- Quarterly Semi-Annually Annually

Client Information (Required)

Name: Title:
Company: Account #:
Address: City, State, Zip:
Phone Number: Email:

For Credit Card (Complete if you chose automatic payment via credit card)

- Credit Card Type (check one): Visa MasterCard AMEX Discover

Credit Card Number:

Expiration Date: Security Code: (Visa/MC/Discover: 3 dig. code on back, AMEX: 4 dig. code on front)

Name on Card:

- Check if billing address is same as above

Billing Address: City, State, ZIP:

Signature of Authorized User: Date:

For Automatic Bank Draft (Complete if you chose automatic payment via ACH withdrawal)

Name on Bank Account:

City, State, Zip: Acct. Type (check one): Checking Savings

Bank Account Number:

Bank Name: Routing (ABA)Number:

The above-named client ("Client") hereby authorizes Focus Four LLC to initiate debit and credit entries to Client's financial institution identified in Section 3 & 4 in connection with all amounts that become due and payable under the terms and conditions of the Focus Four LLC service agreement between Client and Focus Four LLC ("Service Agreement").

Signature of Authorized Client Representative: Date:

Please return the form via one of the following methods:

Fax: 205-739-0143 Email: ach@muzakfocusfour.com

Questions? Call us at 205-739-0200 or www.muzakfocusfour.com to download a copy of this form