



**AUTOMATED DIRECT DEBIT / CREDIT CARD
AUTHORIZATION FORM**

SUBSCRIBER INFORMATION

*Subscriber Name: _____ DataQuick Acct No: _____

*Name on Checking/Credit Card Account: _____

*Checking/Credit Card Statement Billing Address: _____

* Required Fields

AUTOMATED CHECK AUTHORIZATION: Please attach a voided check

INITIAL PAYMENT MUST BE IN THE FORM OF A LIVE CHECK

*Name of Bank: _____

*ABA Routing Number (9 digit number at bottom of check): _____

*Checking Account Number: _____

*Type of Check: Business Personal

RECURRING MONTHLY PAYMENTS. Please charge all fees, on a regular monthly basis and any or all charges billed in arrears, to the Subscriber's checking account indicated above. DataQuick will forward an Invoice to Subscriber after the scheduled monthly payment has been processed. The Checking Account Holder must give 30 days prior written notice to DataQuick for cancellation of this payment series or any change in bank account information.

* Required Fields

AUTOMATED CREDIT CARD AUTHORIZATION

*Type of Card: VISA MASTERCARD AMEX

*Credit Card No. _____

*Expiration Date: Month: _____ Year: _____

ONE-TIME PAYMENT. Please process one (1) transaction on the above selected credit card in the amount of \$_____ for payment toward the first or oldest invoice on Subscriber's account indicated above. Subsequent payment can be made by check, money order, credit card, or on-line at my.dataquick.com.

RECURRING MONTHLY PAYMENTS. Please charge all fees, on a regular monthly basis and any or all charges billed in arrears, to the Subscriber's credit card account indicated above. DataQuick will forward an Invoice to Subscriber after the charge of each scheduled monthly payment has been processed. The Credit Card Holder must give 30 days prior written notice to DataQuick for cancellation of this payment series or any change in credit card information.

* Required Fields

I, the Checking Account/ Credit Card Holder as indicated above hereby authorize DataQuick Information Systems, Inc. to charge my account as set forth herein on behalf of Subscriber. I understand that I will be charged a \$25.00 fee for each occurrence where the funds for my payment are not available on the scheduled date of payment. Further, I understand that, should any check and/or credit card payment be returned unpaid, Subscriber's account indicated above is subject to disconnection or suspension per the terms and conditions of Subscriber's corresponding agreement with DataQuick. Automated Check/Credit Card payment is an extra service provided by DataQuick and may be withdrawn by DataQuick at any time. This authorization will remain in effect until I provide thirty (30) days written notice, or until withdrawn by DataQuick.

Signature of Checking Account/ Credit Card Holder

Date

Print Name of Checking Account/Credit Card Holder

**PLEASE FAX OR MAIL TO DATAQUICK INFORMATION SYSTEMS, INC. AT:
9620 Towne Centre Drive, San Diego, CA 92121
FAX: 858.455.6522**