



# Direct Debit Authorization Form

**Pixius Communications, LLC. (including any other Pixius subsidiaries), offers its customers the convenience of payment by direct debit from a checking or savings account. Simply return this page with a VOIDED CHECK to our office. Your account will be debited on the day it is due or the next business day.**

I (we) hereby authorize Pixius Communications, LLC. to initiate debit entries to my (our) checking and/or savings account as indicated below at the depository named below. I (we) authorize Pixius Communications, LLC. to debit and/or credit such account and to initiate, if necessary, credit entries and adjustments for any entries done in error. I (we) agree to all the terms and conditions of authorization.

CUSTOMER INFORMATION	BANK INFORMATION
Account Number: _____	Name of Bank: _____
Name: _____	Routing #: _____
Address: _____ _____	Account #1: _____
Home Phone: _____	Account #2: _____
Work Phone: _____	Bank Address: _____ _____
	Phone Number: _____

This authorization is to remain in effect until Pixius Communications, LLC. has received written notification from myself (ourselves) of its termination, at such time and in such a manner as to afford Pixius Communications, LLC. and the Bank named above a reasonable opportunity to act upon it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if joint account)

**DO NOT FAX THIS FORM. ORIGINAL SIGNATURES MUST BE ON FILE. PLEASE RETURN TO THE ADDRESS BELOW.**