



Auto-Draft /Auto-Pay Authorization Form

Customer Information

Customer / Business Name: _____

Customer (DN) Number #: _____

Billing Address: _____

City / State / Zip: _____

Billing Contact Name: _____

Billing Phone: _____

Billing Email: _____

Payment Method (Select One)

Bank Account (ACH) Auto-Draft

Credit / Debit Card Auto-Draft

**TO SET UP YOUR ACCOUNT AND PAYMENT METHOD, REGISTER ONLINE AT
www.mullercommunications.com/billpay**

Authorization

I authorize *Muller Communications Inc.* to initiate recurring automatic payments for invoices, maintenance agreements, and recurring charges related to copy/print equipment, supplies, or services provided to my account. I understand that drafted amounts may vary from month to month based on my maintenance contract terms, usage, meter readings, included allowances, overages, taxes, I.T. services, or other applicable service charges. This authorization will remain in effect until I provide written (or emailed) notice to cancel. I understand I may revoke this authorization by notifying the company at least 10 business days prior to the next scheduled draft.

Authorized Signature: _____

Printed Name: _____

Date: _____

ONCE COMPLETED, PLEASE FORWARD THIS FORM TO ACCOUNTING@MULLERCOMMUNICATIONS.COM