



Matrix AutoPay Authorization Form

Matrix AutoPay is a FREE automatic bill payment service that provides a secure and convenient way to pay your bill each month. Simply complete the following information below and mail or fax your authorization form to the following address:

Matrix Business Technologies
Attn: Accounts Receivable
P.O. Box 272375
Oklahoma City, OK 73137

You may also fax your completed form to: (405) 951-6495, Attn: Accounts Receivable

Once your completed form has been received, your monthly statements will automatically begin to be deducted from your checking or savings account or charged to your credit card, as you have requested.

CUSTOMER INFORMATION:

Company Name:		
Customer Account Number:		
Billing Contact:	Title:	
Billing Address:		
Billing City:	State:	Zip:
Main Phone Number: ()	E-Mail Address:	

CREDIT CARD INFORMATION:

Name (as it appears on card):		
Is this a company credit card? If so, please list company name:		
Billing Address:		
Billing City:	State:	Zip:
Card Type: VISA <input type="checkbox"/>	MC <input type="checkbox"/>	AMEX <input type="checkbox"/>
DISCOVER <input type="checkbox"/>	Expiration Date:	

CHECKING/SAVINGS ACCOUNT INFORMATION:

Bank Name:		
Bank Member Name:		
Bank Account Number:		
Bank Address:		
City:	State:	Zip:
Bank ABA Routing Number (located on bottom of check):		

I hereby authorize Matrix Telecom, Inc. to charge the account listed above for monthly payment of services.

Signature:	Date:
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