

**Auto-Pay Enrollment Form (Please select one):**

- ☐ Pay by Credit Card – Please complete Sections A, B, C and D
- ☐ Pay by Electronic Check – Please complete Sections A, B, C and E

Please mail or fax the completed document to:

Attn: Account Services

7177 Miller Dr

Warren MI 48092

Phone: 586-751-9080

Fax: 586-979-8510

Notice:

This authorization will remain in effect until such time that I contact Genius Solutions, Inc. in writing to request an alternative payment method. By signing below, I acknowledge that I have retained a completed copy of this authorization for my records.

Section A: Customer Information

Office Name: _____ Accounts Payable Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Phone: _____ Accounts Payable Fax: _____

Email Address for Invoices: _____

Section B: Transaction Type (Please select one)

- ☐ All Invoices, recurring on the 15th
- ☐ Eligibility only on the 15th of the month

Section C: This if for accounting purposes only. TAX ID# or SS# is needed

TAX ID#: _____ Social Security#: _____

Section D: Credit Card Authorization

I hereby authorize Genius Solutions, Inc. to charge the above transaction type(s) using the credit card indicated below.

☐ American Express ☐ Visa ☐ MasterCard ☐ Discover

Card # _____ Expiration Date: _____ Security Code # _____

* Security Code: MasterCard/Visa/Discover - 3 digit code located on signature strip. American Express – 4 Digit code on front of card.

Print Name as it appears on credit card: _____

Credit Card Billing Address:

Address: _____ City: _____ State: _____ Zip: _____

Authorized Signature: _____ Date: _____

Section E: ACH/EFT (Electronic Funds Transfer) Authorization

I authorize Genius Solutions Inc. to make variable withdrawals for the above transaction type(s) using the Depository Financial Institution (DFI) account indicated below and authorize said DFI to charge such withdraws to my listed account. Adjusting entries to correct errors are also authorized. It is agreed that these withdraws and adjustments may be made electronically and under the rules of the National Automated Clearing House Association.

In the event that notice of Returned Funds is received from the DFI, a service charge of \$25.00 will be imposed and collected in addition to the original funds request submission.

Depository Financial Institution Information (DFI):

Account Holder Name: _____ Phone: _____

Routing Number: _____ Account Number: _____

Authorized Signature: _____ Date: _____

For Electronic Funds Transfer only, please include a copy of a blank, voided check.