

## Automated Payment Authorization Form

**Payment Account Type:** E-Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Acc. No.** \_\_\_\_\_

**Payer's Name:** \_\_\_\_\_

**Payer's Address:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Payer's Phone #:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_/\_\_\_\_ **CCV:** \_\_\_\_\_

**Credit Card Type:** Master Card: \_\_\_\_, Visa: \_\_\_\_, AMEX:\_\_\_\_.

- OR -

**Bank Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Bank Account Number:** \_\_\_\_\_

**Total Amount:** \_\_\_\_\_

Please sign below if you would like to subscribe for automatic bill payments for your monthly services with MiZAZA COM Inc

I authorize the above payment account to be automatically charged by MiZAZA COM Inc on a monthly basis according to the total amount due for services rendered. If at any given time I decide to opt out of the automatic monthly payment option, I could do so without any penalty. I agree to pay the Electronic Funds Transfer ("EFT") return fee established by MiZAZA COM Inc for any check or credit card charge not honored by my bank or Credit Card Company

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you for choosing the automatic bill payment option with MiZAZA COM INC. We hope you enjoy our service.