

Direct Payment Authorization

Please either fax to 231-946-8954 or scan/email to AR@appiaservices.com.

Company or Customer Name	
Company Federal ID	
Name of Financial Institution	
Address	
City	
State/Province	
Zip/Postal Code	
Financial Institution Routing Number (9 digits)	
Account Number	
Account Type (Checking or Savings)	

Initial payment \$ _____ One-time only \$ _____ Monthly AutoPay (circle one)
Yes / No

I hereby authorize either Appia Communications, Inc. or BroadRiver Communication Corporation to debit my account for the amount shown above or as shown on my monthly invoice. I also authorize Appia to make any adjustments that may be needed for taxes or shipping. This authorization remains in effect until I cancel it in writing.

Signature _____

Printed Name _____

Date _____

PLEASE INCLUDE A VOIDED CHECK FOR CHECKING OR A DEPOSIT SLIP FOR SAVINGS

AR Use Only Date Received _____ Prenote Date _____
