



ACH/CREDIT CARD PAYMENT REQUEST FORM

Please email to accountsreceivable@allbridge.com or fax completed form to 866-298-7210.

A 3% Processing Fee is added to All Invoices on Credit Card Auto-Pay

Customer ID: _____ Date: _____

Property Name: _____

ACH PAYMENT:

Name of Bank: _____

Bank Routing Number: _____

Bank Account Number: _____

CREDIT CARD:

Card Number: _____

Expiration Date: _____

Security Code (CID): _____

Name as it Appears on the Card: _____

Billing Address: _____

Email Address: _____

Please Print Name and Title of Authorized Signer

Signature

Date

I authorize Allbridge to initiate debit and/or credit entries to the Depository Account designated above and authorize the Depository Financial Institution (bank) designated above to debit and/or credit such account. This agreement shall continue in force until Allbridge has received a written termination request.

Please Select All that Apply:

One time transaction. Amount to be paid \$ _____ Invoice number(s) _____

Auto Pay. We will charge your credit card or bank account on or before the due date of each invoice.

Keep on File. Payment information will be kept on file for future authorizations via email or phone.

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