



## Payment Authorization Form

### Customer bank account information:

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on the Account : \_\_\_\_\_ Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Account type:  Checking  Savings  Consumer  Business

### Credit Card Information:

Name as it appears on the Card: \_\_\_\_\_

Type of Card:  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Security Code BACK of Visa OR Master Card: (3 digits) \_\_\_\_\_

Security Code FRONT of Amex Card: (4 digits) \_\_\_\_\_

**Credit Card Billing Address:** Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

By signing this form, I authorize PRAXIS Technology Escrow to charge the payment method indicated in this form according to the terms outlined in my Escrow Agreement and/or Work Authorization. I certify that I am an authorized user of this account.

\_\_\_\_ I hereby authorize this payment method to be used for the recurring fee of \_\_\_\_\_ per month / year (circle one) for the duration of the agreed upon contractual term or until I've revoked authorization in writing to PRAXIS.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_