

Credit Card or ACH eCheck/Debit Authorization Form

Please complete this form in order to allow us to bill for your recurring managed services or your Block Hours agreement with us. We require a credit card or ACH information to be placed in our system for accurate and expedient billing. Thank you!

Bill To Information

To whom may we submit invoices to?

Company Name	
Primary Contact Name	
Additional/Secondary Contact(s)	
Billing Address	
Billing Suite No.	
Billing City, State, Zip Code	
Direct Phone & Ext.	
Primary Billing Email Address	

Option 1: Credit Card

Cardholder Name	
Card Number	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Expiration Date	
Security Code	

Option 2 (preferred): ACH/Debit/eCheck

Bank Name	
Bank Routing Number	
Checking Account Number	

I, _____, authorize Neuron Computer Services, LLC to charge the above credit card account or transact funds via ACH/Debit/eCheck for recurring Managed Services plans, Block Hour purchases, or other products/services purchased by the company above. I agree to update any information regarding this account. The above information is complete and correct.

Signature

Date