

AUTO-PAY AUTHORIZATION FORM



Your U.S. Balloon Account # _____

Please complete and sign the following Automatic Payment Authorization. Mail to U.S. Balloon Credit Department, 140 58th Street, Brooklyn, NY 11220, or fax to 800.832.9872.

Choose one option.

Option A - Automatic Credit Card payments.

Primary Credit Card	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Credit card number:	Expiration date:		Security #:	
Name as shown on card:				
Cardholder's billing address:				
Telephone number:				
I hereby authorize on-going (automatic, recurring) payment of invoices with the same charge card, until otherwise notified. Charge my account on Invoice due date.				
Signature:	Title:		Date:	

Option B - Automatic Checking Accounts Debit payment.

Include a voided check when submitting.		
I hereby authorize U.S. Balloon Company to initiate debit entries to my checking account indicated below.		
Bank Name:	Bank Branch:	
City:	State:	Zip:
Transit/ABA Number (9 digits):	Bank A/C number:	
This authority is to remain in full force and effect until U.S. Balloon Company has received written notification from me of it's termination in such time and in such manner as to afford U.S. Balloon Company reasonable opportunity to act on it.		
Signature:	Title:	Date: