



# MARTIN SYSTEMS

SMART. SAFE. SOLUTIONS.

## YOUR FAST, SECURE, CONVENIENT ELECTRONIC PAYMENT SOLUTION! (800) 640-3130

Sign up for Automatic Withdrawal through our Direct Pay Plan. Fill out either Bank Account (top section) or Credit/Debit Card (bottom section), sign and return to us.

● Mailing Address:  
2744 Manitowoc Rd  
Green Bay, WI 54311

● Fax:  
(920) 432-7416

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Customer Account Number

\_\_\_\_\_  
Email Address (required for billing - your future invoices will be emailed to this address)

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Phone

Using the method of payment referenced, I want to auto process my future invoices indicated below:

**Monitoring Invoices**     **All Invoices**  
(non-monitoring invoices authorized for up to \$ \_\_\_\_\_)

### BANK ACCOUNT

Check Only One:

Checking Account  
(Include a VOIDED Check)

Savings Account  
(Include a Blank Deposit Slip)

\_\_\_\_\_  
Financial Institution Name

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

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

### CREDIT OR DEBIT CARD

Card Type:     Visa     MasterCard     American Express

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name (as it appears on the card)

\_\_\_\_\_  
Credit Card Billing Address

Under the terms of my contract I am currently invoiced:     Quarterly     Annually

This authorization will remain in effect until I terminate it, allowing reasonable time for Martin Systems Inc to act. I understand that I am responsible for ensuring that the necessary funds are available at the time the transaction occurs. I will continue to be responsible for payment should anything prohibit regular payment in this manner. I have the right to cancel this authorization at any time with thirty (30) days written notice to Martin Systems Inc. Martin Systems Inc also has the right to cancel this agreement for insufficient payments to my account. I understand that this authorization allows Martin Systems to adjust the scheduled deductions to reflect any monthly billing changes. I also authorize Martin Systems to initiate entries to the account to correct any erroneous deduction or to provide refund. I represent that I am the owner and/or an authorized signer on the account. I authorize the financial institution identified by the routing number above to accept and post entries to the account. I agree that a photocopy or facsimile of this authorization will be as valid as the original.

**This is my authorization to Martin Systems, Inc. to automatically charge my account under the terms of my contract.**

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

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