



Automatic Payment Form

Bank Account Direct Withdrawal

Name(s) of bank account holder(s)

Bank Account Number

Bank Routing Number

Type of Bank Account

- Checking
- Business Checking
- Savings

Name of Bank

City of Bank

Credit/Debit Card Direct Withdrawal

Credit/Debit Card Number

Expiration Date(mm/yy):

Name on the card

Type of the card:

- Visa
- Mastercard
- Discover
- American Express

CTI Customer ID/ Account number

Name on the CTI account

I authorize Computer Techniques, Inc. to debit the amount indicated from my listed account.

Signature(s) of account /card holder(s)

Date

***Please provide an e-mail address for withdrawal confirmation.**

If you would like to enrol in paperless billing, please provide the e-mail address here:

Please be sure to sign the form before returning it to the office.