



Customer Authorization Recurring Auto Payment Form

To protect your personal information, submit this form via the following methods ONLY:

- Fax: (360) 953-8427
- Mail: Office Ally, PO Box 872020, Vancouver, WA 98687
- Email: AR@OfficeAlly.com
 - When emailing, zip with password, then call: (360) 975-7000 option 4 to provide password.

Please allow up to 10 business days for Recurring Auto Pay form to be processed. An email will be sent to the email provided to notify whether form was processed or not. If not processed, form must be resubmitted with corrections. For security reasons, we do not retain/edit/update Recurring Auto Pay forms.

Office Ally Account Information

Today's Date: _____

Account #: _____ ← Account # is located on your invoice/statement (upper right). It starts with U or A, followed by 6 numbers.

Company Name: _____ Contact Name: _____

Contact Email: _____

RECURRING AUTO PAYMENT OPTIONS – Choose and complete one option below

Option 1: Credit Card Payment

Cardholder Name: _____
As it appears on the credit card

Credit Card Billing Address: _____
Street Address

_____ *City, State, Zip Code*

Credit Card #: _____ Expiration (MM/YY): __/__/__

I authorize Office Ally to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my credit card charges and verify that payments are processed properly.

Cardholder Signature: _____ *Electronic signatures not accepted

Option 2: Electronic Check Payment

A copy of voided check is required for electronic check payment.

Name on Checking Account: _____

Address on Check: _____
Street Address

_____ *City, State, Zip Code*

Bank Routing #: _____ Bank Account #: _____

I authorize Office Ally to charge my account on a regularly recurring basis to bring the account listed above current. I understand that it is my responsibility to monitor my bank charges and verify that payments are processed properly.

Bank Account Holder Signature: _____ *Electronic signatures not accepted

IMPORTANT NOTICE: You are responsible to keep your auto payment information on file current. Please submit a new authorization form for any credit/electronic check account changes, including expiration dates. If your payment is not processed, it is your responsibility to contact Office Ally for information or submit a revised form with current information. Office Ally accounts with outstanding balances are subject to being disabled until payment is received. Please monitor your credit card/bank charges. You will continue to receive invoices for your records. Your account balance can be viewed online in your Office Ally account under "Pay Office Ally Bill". Payments will be processed by the end of each month.