



# Payment Authorization Form

Rev. 201020

Please complete the information as requested below and return to i3 International Inc. by fax: 1.888.222.0559

## Customer Authorization

By signing below I, (print name) \_\_\_\_\_, understand that this form will be filed as the signed authorization for all payments made to i3 International Inc. for purchases made by (company name) \_\_\_\_\_ (the "Company"), using the information referenced below.

Please Select the Form of Payment and fill out the section related to this form of payment.

ACH Debit     Cheque     Credit Card

Please note that i3 International Inc. produces an invoice on a yearly basis but automatic monthly deductions will occur.

### 1. ACH Debit Authorization

I hereby authorize i3 International Inc. to debit from my account/business bank account (amount) \_\_\_\_\_ recurring monthly on (date) \_\_\_\_\_. This authority will remain in effect until i3 International Inc. is notified by me in writing to cancel authorization in such time as to afford i3 International Inc. and the financial institution a reasonable opportunity to act on it.

Please complete the information below:

Company Name on Account	
Bank Name	
Bank Account Number	
Bank Routing Number	
Bank Transit Number	
Address of Financial Institution	

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

I certify that I am an authorized representative of the Company indicated above and that I have the authority to authorize this payment on the Company's behalf. The Company understands that because this is an electronic transaction, these funds will be withdrawn on the date indicated and recurring on a monthly basis. In the case the transaction is returned for Non-Sufficient Funds (NSF), the Company understand that a charge of \$25 will be incurred.

**PLEASE ATTACH A VOID CHEQUE TO THIS FORM**



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Please complete the information as requested below and return to i3 International by mail:

Attn: Account Payables  
780 Birchmount Rd, Unit 16,  
Toronto, ON, M1K 5H4  
Canada

## 2. Cheque

PLEASE INCLUDE (payment term) \_\_\_\_\_ POST-DATED CHEQUES TO THIS FORM

## 3. Credit Card Information

Select credit card company:  VISA  Master Card  American Express

Holder's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

**IMPORTANT: To provide Credit Card information, please call 1-866-840-0004 x138 or 1-866-840-0004 x114.**

## Company Info

Title:	Name:	Email address
Purchaser		
Accounts Payable		

Thank you,

i3 International Inc.