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**AUTOMATIC PAYMENT BY ELECTRONIC CHECK
VIA BANK ACCOUNT
AUTHORIZATION FORM**

Please complete this Automatic Payment by Electronic Check from my designated bank account authorization Form. Fax the completed form to Leslie Wolfe at 281-930-8532 or via e-mail, officemanager@expertox.com.

Name of Checking Account:

Bank Routing Number #: _____

Bank Checking Account #: _____

Billing Address of Bank Account (including City, State, and Zip Code):

Phone No. of Account Holder: _____

I authorize this information to be kept on file by ExperTox for future use. Yes No

I authorize ExperTox to automatically charge my checking account for all purchases of services and/or products purchased from Expertox for each invoice due. If ExperTox is unable to process my payment, I will be responsible for an alternate payment arrangement (approved by ExperTox) and any late fee and/or finance charges which result. I understand that ExperTox may, at its option, decline performing additional testing services on my behalf until any overdue or unpaid account balance is paid in full.

You may cancel this automatic billing authorization or change bank accounts by contacting us. It is your responsibility to maintain valid bank account information on file with ExperTox.

By signing this Authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate. I further acknowledge that all services rendered are non-refundable once testing or consulting has commenced.

Signature of Authorized Bank Account Signor: _____ Date _____

Company Name: _____ Account# _____

Billing E-Mail Address: _____

Administrative E-Mail Address: _____