DO NOT EMAIL | PLEASE FAX TO 612-465-0701 AUTHORIZATION FOR DIRECT PAYMENT

To set up automated ACH and/or Credit Card payments, please complete the following form and mail or fax this form to:

Foundation Technologies 250 Marquette Ave S Suite 225 Minneapolis, MN 55401 Fax: 612-465-0701

By completing this document, you authorize payments being made from your checking/savings account or credit card. Your payments will be made automatically as indicated. Proof of the payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

- 1. Mark the box before type of account to indicate whether your payment will be deducted from your savings or checking account (if opting for ACH payments) or via credit card.
- 2. Fill in all fields specific to ACH Withdrawal or Credit Card payments
- 3. If opting for ACH Withdrawal, attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.
- 4. I approve payment in the amount of \$______ to be withdrawn via ACH for Invoice #(s)______

I authorize Foundation Technologies, LLC dba The Foundation to initiate electronic payments via:

Source: Direct Deposit and Direct Payment, www.directdeposit.org and www.directpayment.org.

ACH Withdrawal			Credit Card		
 Charge on approval 	or	 Charge Automatically 	□ Charge on approval	or 🛚 Cha	rge Automatically
Financial Institution Name			□ Visa □ Mastercard	 American Ex 	press 🏻 Discover
Checking	or	 Savings 	Other:		
Account #			Credit Card #		
Routing #			Expiration:	CVV Code:	
Financial Institution City: _					
Financial Institution State:					
□ This authority will remain	ı in effe	ect until I have cancelled it in w	riting.		
 Above payment information 	tion ca	n be used for future payments	, as indicated above		
□ I acknowledge that the o	originat	ion of ACH transactions to my	account must comply with the	provisions of U.S.	. law.
Date	Coi	mpany Name			
Print Name			Signature		