



Bank Account Authorization Form

Date: ____/____/____

I _____ authorize Insynq, LLC to charge my banking account listed below, starting on the date services are first requested and on the 1st day of the month for each following through to termination of services for the amount of monthly services, as adjusted from time to time, due to addition of services rendered or deletion of services rendered.

Services rendered may include some or all of the following service options:

Virtual Desktop(s)
Application(s) Hosting
Data Storage
Custom Services
Offsite Backup(s)
Software Sales
Consulting Fees

Third Party Application(s) Integration
Third Party Hosting/Licensing Fees and Surcharges
Setup and Modification Fees
Data Returns - Service, Shipping & Storage Device
Application Testing Fees
Tax Where Applicable
Other New Services Added From Time to Time

Account Information:

Bank Name : _____

Bank Account Type: ☐ Checking ☐ Savings ☐ Business Checking

Bank ABA Routing Number: _____

Bank Account Number: _____

Bank Statement Address: Street: _____

City: _____ State: _____ Zip Code: _____

I _____ hereby authorize this account to be charged for service and/or final payment, until Insynq, LLC has been notified of cancellation by sending written notice by email or fax.

Authorized Bank Account Name Printed

Company Name (must match bank account information)

Authorized Bank Account Signature

Date

Billing Email Address

Billing Phone #

Please include or attach voided check when submitting form.

All returned checks will be subject to a \$40 service fee.

This Authorization Form can be faxed to 888.774.7507 or emailed to billing@insynq.com

Payment and orders cannot be placed until the completed form is received.