Phone: 724-940-5520
Fax: 412-586-2242
Email: billingteam@truecommerce.com

Recurring Monthly Network Payment Authorization Form

Company Information:

Company Name	
Billing Contact	
Billing Address	
City	
State	
Zipcode	
Email Address (for sending future invoice reciepts)	
Phone Number	
Sage Business System	
Sage Business Partner Name	

Select Payment Method for Network Invoices:

☐ **Credit Card:** I hereby authorize TrueCommerce to initiate charges to my credit card account indicated below:

- ○ VISA
- ○ MasterCard
- ○ American Express
- ○ Discover Card

Card Number:	
Expiration:	
Security Code:	
Name on Card:	

☐ **ACH from Bank Account:** I hereby authorize TrueCommerce to initiate debit entries to my account indicated below:

Routing/ABA:	
Account Number:	

- ○ Checking Account
- ○ Savings Account

Authorization:

Name	
Title	
Signature	
Date	

This authority is to remain in full force and effect until TrueCommerce has received written notification from my company of its termination in such time and in such manner as to afford TrueCommerce a reasonable opportunity to act on it.