

ELITE

CONSULTING LA, INC.

AUTOPAY Form

I authorize ELITE CONSULTING LA, INC to auto debit this account on the 5th of each month in payment of my invoice. This authorization will remain in effect until I cancel it in writing and in such time as to afford ELITE CONSULTING LA, INC a reasonable opportunity to act on it.

Name: _____

Address: _____

Email: _____

Account Type: _____ Checking _____ Savings

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: _____ Credit Card (3% service fee applies)

Account number: _____

Exp Date: _____

CVV: _____

Signed

Date