



PAYMENT AUTHORIZATION

PRACTICE: _____

Contact Name: _____

OPTION 1: ECHECK

Fill in below:

ACCT # _____ ABA ROUTING # (9 digits) _____



OPTION 2: CREDIT CARD

PLEASE NOTE: 2% surcharge will be added to your bill if electing to pay by credit card

AMEX _____ MC _____ VISA _____

CARD # _____

EXP DATE _____ SECURITY # _____

ACCOUNT NAME _____
(name as it appears on the credit card)

BILLING ADDRESS STREET # _____ BILLING ADDRESS ZIP CODE _____

TELEPHONE _____ EMAIL _____

I hereby authorize Team Placement Service to use this payment method for all open invoices

Signature _____

Return to: accounting@teamplace.com