



Easy Pay Option

You can request to have the credit card of your choice or bank account automatically charged for your monthly CCI invoice at the time of month convenient for you. **Easy Pay Option** is available now! Just follow the **Easy Steps** below:

1. CCI Customer Information

CCI Account Name:	_____	User Name:	_____
Phone:	_____	Email Address:	_____
Send invoice to:	_____	City	_____
	Street	St	Zip _____

2. Credit Card Information / ACH Draft Information

Credit Card Type (circle one):	Visa	MasterCard	American Express	Discover
Credit Card Number:	_____	Expires:	_____	
Name on Card:	_____			
Billing Address For Card:	_____			

OR:				
ACH Bank Draft:	ABA/Bank Routing #	_____	Acct#	_____
	Bank Name:	_____	Branch	_____

3. Time of Month

(Choose one)
<input type="checkbox"/> Charge the credit card or perform ACH draft between the 5 th and the 10 th of the month.
<input type="checkbox"/> Charge the credit card or perform the ACH draft between the 20 th and the 25 th of the month.

4. Read and sign the payment agreement

I/we, the undersigned, authorize and request CCI to charge the credit card or perform the ACH Draft, which is indicated above, for the monthly CCI payment. This authorization relates to all payments required on the CCI account and the related membership agreement. This authorization will remain in effect until all amounts owed are paid in full or until I/we cancel this authorization. To cancel I/we must give CCI 30-days notice in writing.		
_____	_____	_____
Cardholder Name (printed)	Cardholder Signature	Date

5. Fax this completed form to CCI!

FAX to:	800.303.9203	Attention: Accounts Receivable Department
Questions?	Contact Micki Brophy, direct line 925.831.6405 or toll free 800.954.2266 x225	