



Autopay Enrollment and Payment Authorization Form

Business Name (as it appears on your ITEX statement)	ITEX Account Number
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Step 1 - Payment Information (select ONE payment method)

<input type="checkbox"/> A. Credit Card (complete the information below)			<input type="checkbox"/> B. Electronic Funds Transfer (EFT) (complete the information below)		
Credit Card Number:			<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		
Expiration Date:	Security Code:				
Name (as it appears on the Credit Card):			Financial Institution (bank name):		
Credit Card Billing Address:			Account Name (as it appears on bank account):		
Credit Card Billing Address 2:			Routing Number:		
City:	State:	ZIP Code:	Account Number:		

Step 2 - Authorization (select ONE authorization option)

<input type="checkbox"/> <u>Add this Credit Card/EFT to the above referenced ITEX account</u> . I understand any CASH FEES DUE will be processed on the next autopay run and all future CASH FEE payments will be applied to this Credit Card/EFT each four-week billing cycle.
<input type="checkbox"/> Add the Credit Card/EFT to the above referenced ITEX account AND process <i>all CASH FEES DUE today</i> . I understand all future CASH FEE payments will be applied to this Credit Card/EFT each four-week billing cycle.
<input type="checkbox"/> Run this Credit Card/EFT <i>ONLY as a One Time Payment</i> in the amount of \$ _____ I understand this will <i>NOT</i> add my Credit Card/EFT information to my ITEX account for any future CASH FEE payments.

Step 3 - Agreement (signature of authorized signer on Credit Card/EFT information provided above)

Signature: _____	Date: _____
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Mail or fax this form to ITEX Corporation
 3326 160th Ave SE, Suite 100
 Bellevue WA 98008
 (f) 425.463.4040