

PACKET8 ACH APPLICATION

Yes! Sign me up for Packet8's ACH Bill Payment Program!

Important Information:

- This application authorizes Packet8 to withdraw during the first seven days of the month the full amount of your Packet8 monthly bill from the bank account you indicate on this application until we are notified by you.
- In the event that Packet8 is not able to access your bank account for the full amount of the monthly bill, Packet8 will assess your account a \$30 Fee. In the event of a payment failure (NSF), future applications for this program will NOT be accepted and you will be placed back on regular invoice billing or on credit card billing.

Company Name: _____

Authorized Officer: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address for Accounts Receivable: _____

Bank Name: _____

Bank Address: _____

Bank Routing Number: _____

Bank Account Number: _____

Please check one: Checking () Savings ()

Please attach a voided check (or a copy of a voided check) with this application for verification.

Authorized Signature: _____ **Date:** _____

I have read the information above and agree to the terms therein as well as the Terms & Conditions listed at www.packet8.net. I understand that this authorization is in full effect until I provide written notice of modification or cancellation of this authorization to Packet8, 3151 Jay Street, Santa Clara, CA 95054.

Invoice Billing Email: iarchut@8x8.com **Fax Number:** 1-408-654-3322