



## AUTOMATIC BILL PAYMENT AUTHORIZATION

**Please include a voided check.**

I authorize LOGIX Communications and the financial institution on which the enclosed voided check is drawn, to draft from my account monthly the amount of my Logix invoice. I understand my automatic payment will be deducted on the date indicated on each invoice. I have the right to stop the deduction by notifying LOGIX Communications or my financial institution at least five (5) business days prior to the next statement due date. My authorization and the Automatic Bill Payment will remain in effect until revoked by my financial institution, LOGIX Communications or me. I am authorized to make this decision on behalf of my company.

Account Name: \_\_\_\_\_ Daytime Contact Number: \_\_\_\_\_  
(As shown on your Logix invoice)

LOGIX Account Number: 043- \_\_\_\_\_ (As shown on the upper left page of your invoice)

Printed Name of Authorized Signor on Bank account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How would you like to receive your monthly LOGIX invoice?

Electronic copy via email, to email address: \_\_\_\_\_

Paper copy via U.S. Mail

Both email and paper

**Mail this completed form and your voided check to:**

LOGIX Communications  
ATTN: Automatic Bill Pay  
2950 N. Loop West, 8th Floor  
Houston, TX 77092