

Credit Card Processing

INVOICE PAYMENTS FROM CREDIT CARD

Please fill out the following information, with the credit card you would like X-Act to hold on file for future payments toward your account balance.

Company Name: _____ AR#: _____

1. How would you like to process the credit card: please choose an option below.

- ☐ Run Automatically with each payroll processed
- ☐ Run at the end of the month, paying full statement
 - ☐ Add to monthly statements
 - ☐ Email for receipts: _____
- ☐ Client will call X-Act to prompt/process payment

2. Type of Credit Card:

- ☐ VISA
- ☐ MASTERCARD
- ☐ OTHER: _____

3. Name on the card: _____

Credit Card Number: _____

Billing Zip Code: _____ Exp Date: _____/_____/_____

Printed Name: _____ Date: _____

Signature: _____