



Bank ACH Authorization Form

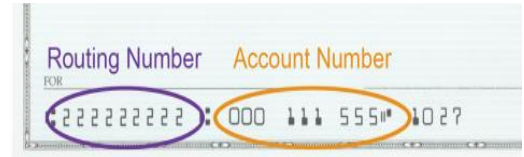
Bank Account Type: Checking Savings

Company Name _____

Full Name _____

Bank Name _____

Bank Account # _____



Bank Routing # _____

X _____

Authorized Signature

Date

As a duly authorized signer on the account above, I authorize EchoScribe Inc. to electronically debit my bank account for the amount invoiced each billing period. In the event a debit is returned unpaid, I authorize this charge to be re-debited in addition to a \$25 non-sufficient funds fee. I understand that this authorization will remain in effect until I cancel it. I agree to notify EchoScribe of any changes in my account information or termination of this authorization at least 5 days prior to the next billing date.

Please fax this page to **877-207-0013** or email to accounts@echoscribe.com

(smartphone picture is fine).

Do not send this form to any other fax or email.



Credit Card Authorization Form

Payment Type: MasterCard Visa AMEX

Card #: _____

Expiration Date: _____ CVV # _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____

Zip: _____ Country: _____

X _____

Authorized Signature

Date

I authorize EchoScribe Inc. to charge my credit card for the amount invoiced each billing period. I understand credit card transactions are subject to a 3% processing fee. I agree not to hold EchoScribe Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until EchoScribe Inc. receives a written or oral notice of cancellation from me or my financial institution.

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(smartphone picture is fine).

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