



# PAYMENT AUTHORIZATION

Please return completed form to [accounting@candidresearch.com](mailto:accounting@candidresearch.com).

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

**DESCRIPTION OF SERVICES:** Background checks

**PAYMENT INFORMATION:**

- Pay invoices due on a recurring monthly basis, including any outstanding balance
- Please apply this payment to these invoices:

<u>Invoice No.</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount to Charge to Card: \$ \_\_\_\_\_

**PAYMENT METHOD:**

ACH (preferred)  
 Account Type:     Checking     Saving  
 Bank Name: \_\_\_\_\_  
 Bank Routing No: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

Credit Card  
 Type of Card:     Visa     Mastercard     Amex  
 Name on Card: \_\_\_\_\_  
 Credit Card No: \_\_\_\_\_  
 Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
MM / YY

I certify that I am an authorized signer on the account listed below and hereby authorize Candid Research, Inc. to charge my account for payment as follows. I understand that my private information will be kept on file and will not be shared with any other business or venture.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

2021.09.14