



Auto Pay

To have your payment automatically debited from your checking account:

- 1 Complete this form**
- 2 Attach a voided check**
- 3 Fax to 801-642-0333**

You will receive an invoice on the first of the month. Please verify the charges are correct before payment is drafted. Payment will be debited from your account on the 8th of each month.

I hereby authorize Apex EDI to debit my account.

Practice/Provider Name

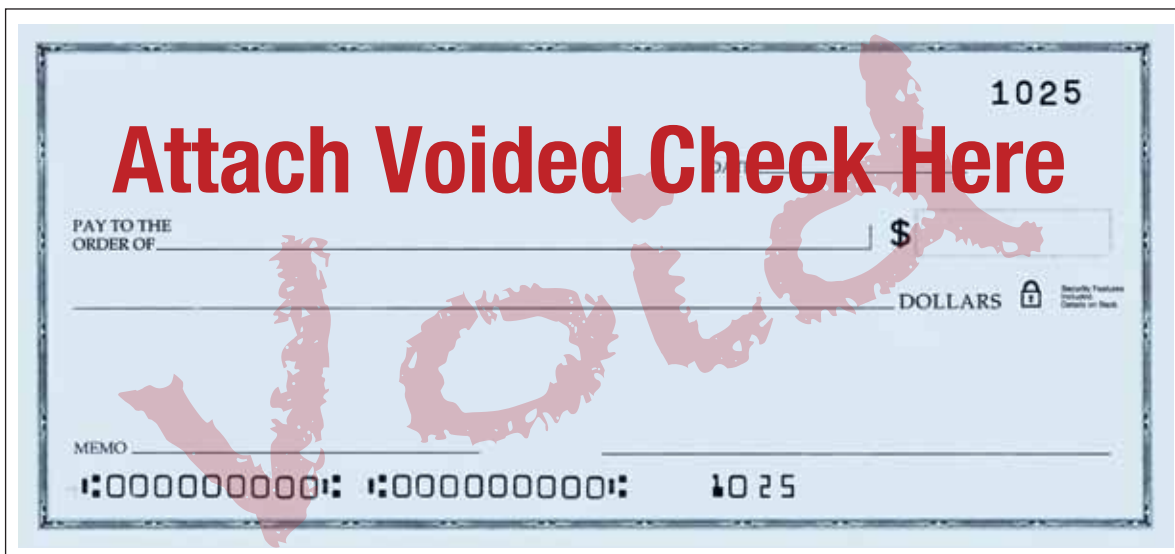
Phone

Street Address, City, State, Zip

Client ID

Signature

Date



Or mail to: Apex EDI, 174 S 1100 East, American Fork, UT 84003

www.apexedi.com

For more information or help completing this form contact
Apex EDI at (800) 840-9152