



**CREATIVE SERVICES, INC.**  
*"Your partner in the employee selection process"*

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**Payment Authorization Form**

Please complete this form so that Creative Services, Inc. can process your check or credit card payment. All information must be provided and will be kept confidential. Once this form is complete, please return it to our Accounting Department for processing. Please do not hesitate to contact [accounting@creativeservices.com](mailto:accounting@creativeservices.com) if you have any questions, concerns or problems. Thank you very much for doing business with Creative Services, Inc.



Payment Type (acceptable forms of payment listed above): \_\_\_\_\_

(Note: If ACH is selected, our accounting office will contact you)

Amount to Be Paid (Leave blank if enrolling in auto pay): \_\_\_\_\_

ECheck Information: Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: Savings or Checking

Credit Card Account Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

As it appears on credit card

Cardholder's Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please check here to enroll in our auto payment services: