
BILLING OPTION CHANGE FORM

**Account
Information**

Organization Name: _____
Account Number: _____
Account/Billing Contact: _____
Address: _____
City/State/Zip: _____
Telephone: _____ Ext: _____ Fax: _____

**Billing
Option
Change**

Current Billing Option: Credit Card Auto Check Monthly Statement
New Billing Option: Credit Card Auto Check Monthly Statement

Please select one:

**New
Billing
Information**

Credit Card

Visa or MasterCard

Card #: _____
Exp. Date: _____
Security Code: _____
Name on Card: _____

(Monthly usage fees are deducted from the checking account and statement is NOT sent via US mail)

Auto Check

Bank Name: _____
Routing #: _____
Account #: _____

(Monthly usage fees are charged to credit card and statement is NOT sent via US mail)

Manual Invoice

(Monthly statement sent via US Mail)

Please sign and date below to verify you would like to change your billing option and the information provided is accurate.

Signature: _____ **Date:** _____

Please Mail or Fax Completed Form to:

Attn: Colorado Interactive
600 17th Street, Suite 2150 S.
Denver, CO 80202
Office: 303.534.3468 / 800.970.3468
Fax: 303.534.3469

Upon receipt, your account information will be updated within 3 business days.
Please contact Colorado Interactive if you have any questions.