

LogMeIn, Inc.

DIRECT DEBIT/ACH FORM

We hereby authorize LogMeIn to initiate debit entries to my (our) Checking/Savings account as indicated below at the depository named below.

Invoice Number	Invoice Amount
Invoice Number	Invoice Amount
Invoice Number	Invoice Amount
Invoice Number	Invoice Amount
Invoice Number	Invoice Amount
Total	

Please check here if you would like to enroll for **automatic recurring payments**. Future invoices will be processed to this Checking/Savings account on the invoice date. The Authorization will remain in effect until LogMeIn is notified of its termination in such time and in such manner as to afford LogMeIn a reasonable opportunity to process the request.

Please use the COMPANY NAME and CUSTOMER NUMBER shown on invoice:

Company Name:

Customer Number:

Bank Name Checking Savings

Account Number

Routing Number

Branch Address:

As the authorized account holder or authorized representative, I agree to pay the total amount as entered above according to the depository agreement.

Signature _____

Print Name

Contact Phone Number:

**For your safety and security, please do not send your Bank information to us via e-mail. Please upload this form*

to: https://app.box.com/embed/upload.js?token=o5z5betbm3546x6f3c1j5fxwlz16562f&folder_id=7858249101&w=385&h=385&i=&d=1&t=Submit%20Credit%20Card%20Form%20Here&r=1