

# AutoPay Enrollment Request

(In lieu of this form, you can call 503.236.7657 to go on AutoPay)

RMLS™

Document #1311

Please Print clearly

Revision Date: 5/27/2025

<b>Subscriber/Office Information</b>	Subscribing Agent Name: _____ Web Subscriber ID: _____ <small>(Formerly Public ID)</small>	
	Office Name: _____	
	Office Address: _____	
	City: _____ County: _____ State: _____ Zip: _____	
Phone: _____ Primary Email: _____		
<b>Fees to be Authorized</b>	<b>Select the charges:</b> (Check each box that applies) <input type="checkbox"/> RMLS Quarterly Fees: Subscription \$160.00, SentiLock Service \$33.00*, and Paragon Access \$60.00* <small>*Your card will be charged for additional fees if enrolled in these optional services ** If enrolled in Annual Billing, your automatic payment will be processed Annually. Contact <a href="mailto:billing@rmls.com">billing@rmls.com</a> to learn more about Annual billing options.</small>	
	<input type="checkbox"/> Personal Assistant Access Fee <input type="checkbox"/> Office Quarterly Administrative Access Fee <small>Branch offices require a separate form.</small> Office Web ID: _____ <small>(Formerly Broker ID)</small>	
<b>Payment Information</b> <small>Select your payment method</small>	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	
	Account Number: _____	<small>Please provide the <b>LAST FOUR</b> digits of your credit card number. We will contact you for the full payment information.</small> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
	CVV Code: _____	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <small>This is the three-digit security code on the back of your card. American Express use the four-digit code on the front of your card.</small>
	Credit Card Billing _____	
	Address: <b>required</b> _____	
	I authorize RMLS to initiate a credit/debit card transaction the first business day of the invoice month for each billing cycle.	
	Card Holder Name: _____	*Expiration Date: _____
	Card Holder Signature: _____	
	* <b>Please Note:</b> When your card expires, you are responsible for contacting RMLS. Call 503.236.7657 or submit a new form.	
	<input type="checkbox"/> ACH: <small>Please provide the <b>LAST FOUR</b> digits of your account and bank routing numbers. We will contact you for the full payment information.</small>	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
Account Number: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		
Routing Number: <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>		
Account Holder Signature: _____		
<b>Subscriber Signature:</b> _____ <b>Date:</b> _____ <p>I acknowledge that this authorization will remain in effect until I provide a written cancellation notice. I agree to notify RMLS in writing of any changes to my account information or my intent to terminate this authorization at least 15 days prior to the next scheduled billing date. If any scheduled payment date falls on a weekend or holiday, I understand the payment may be processed on the next business day.</p> <p>For ACH debits from my checking or savings account, I understand these electronic transactions may be initiated as soon as the specified dates, and funds may be withdrawn accordingly. In the event of a rejected ACH transaction, I agree to an additional fee of \$25.00 per returned transaction, which I will be responsible for remitting repayment as a separate transaction from the recurring payment.</p> <p>I acknowledge that the origination of ACH transactions to my account complies with applicable U.S. laws. I additionally certify that I am authorized of this bank account or credit card and agree not to dispute these scheduled transactions with my financial institution, provided they align with the terms of this authorization.</p>		

RMLS can neither accept this form nor payment information via email as it is not secure. If you choose to submit this form rather than calling us, please either submit via U.S. Mail to: 16101 SW 72nd., Ste. 200, Portland, OR 97224 or fax to Accounting: 503.872.8090. Please do not do both.