



Distribution Services: Service Provider Autopay Enrollment

Payment must be made in the billing system with the desired credit or debit card prior to enrolling in autopay. Once that has been done, submit this form to ds@rmls.com. If a payment has not been made wait until there is an open invoice to pay before enrolling in autopay.

LICENSEE (Service Provider)

Contact Name: _____

Office Name: _____ Office Code: _____

Contact Phone: _____ Office Email: _____

PAYMENT INFORMATION

Select Payment Method: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Last Four Digits of the Account Number: ____ *Expiration Date: _____

**When credit or debit card expires, a new form must be submitted.*

Card Holder Name: _____

Card Holder Signature: _____

I authorize RMLS to initiate a credit/debit card transaction on the fifteenth day of every month for RMLS Listing Content License Fees.

AUTHORIZATION

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify RMLS in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

LICENSEE (Service Provider)

Name _____

Signature _____

Date _____