

Distribution Services: Service Provider AutoPay Enrollment Request



Document #1917

Please Print clearly

Revision Date: 4/9/2021

SERVICE PROVIDER INFORMATION

Contact Name: _____ Web Office ID: _____

Office Name: _____

Contact Phone: _____ Office Email: _____

PAYMENT INFORMATION

Select your payment method:

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

Last Four Digits of the Account Number:

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

Card Holder Name: _____ Expiration Date: _____

Card Holder Signature: _____

**Please Note: When your card expires, you are responsible to submit a new form.*

A payment must be made in the billing system with the desired credit or debit card prior to enrolling in auto pay. Once that has been done, you may submit this form. If a payment has not been made you must wait until you have an open invoice to pay before enrolling in auto pay.

Service Provider Signature: _____ Date: _____

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 payments 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.

MAIL TO: 16101 SW 72nd Ave., Suite 200, Portland, OR 97224
OR FAX to: Accounting (503) 872-8090

For RMLS™ Accounting Use Only

Phone

Fax

By _____