

Automatic Payment Authorization Form (ACH) DEBIT

RVI to Customer checking account debit.

Section 1: Corporate Information

Account Name: _____
Contact Name: _____ Phone #: _____
Email Address: _____ Fax #: _____

Section 2: Banking Information

Bank Name: _____
Bank Address: _____
Bank City _____ Bank State: _____ Bank Zip Code: _____
Bank Phone Number: _____
Bank Contact: _____
Account Number: _____
ABA Routing #: _____ *Please confirm with your bank.*

Section 3: Signature

The autopay service is established at no additional cost. You authorize Real Vision Software, Inc., its agents and assigns, to initiate debit entries in the bank account identified above for amounts due and owing under the Agreement for services, including applicable taxes. You represent and warrant to Real Vision Software, Inc that the above account is a **commercial account established in connection with your business and not for personnel, family, or household purposes**. In addition, if funds are not available when payment is due, you agree to pay Real Vision Software, Inc. any late charges under the agreement as well as any expenses incurred for every unsuccessful debit attempt. **THIS AUTHORIZATION REMAINS IN EFFECT UNTIL YOU PROVIDE WRITTEN NOTICE OF ITS TERMINATION SO AS TO AFFORD REAL VISION SOFTWARE, INC. AND YOUR BANK REASONABLE OPPORTUNITY TO ACT.**

Customers Name: _____ Date: _____

Signature of Authorized Representative:

Printed Name and Title: _____
Phone Number: _____
Email Address: _____

Return the completed form to RVI.

Payee Address:

Real Vision Software, Inc.
PO Box 12958
Alexandria, LA 71315-2958
Office Phone: 318-449-4579 Fax: 318-448-3033
Email: customerservice@realvisionsoftware.com

Street Address:

Real Vision Software, Inc.
3700 Jackson Street., Ste. 203
Alexandria, LA 71303

Retain a copy for your records.