

# Authorization / Service Agreement for RTO Pro Cloud based ACM / Autodialer

## Service Provider:

### **RTO Pro Software**

1731 Old Mount Dora RD

Eustis FL 32726

Phone Number: 352-383-9375

E-mail Address: sales@rtopro.com

Today's Date:

**Fax Number: 352-835-0682**

Website: www.RTOPro.com

## Customer Information

Company Representative:	Position at company:
Company Name:	
Company Address:	Company FEI:
City St Zip:	Business Phone:

## Financial Institution

<b>Financial Institution</b>	Type of Account
Name of Institution:	<input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings
Bank Account#	<input type="checkbox"/> Business Checking <input type="checkbox"/> Credit Card
(or CC# for credit card):	
Bank Routing Number : _____	Exp Date if Credit Card: _____

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## AUTHORIZATION

I authorize the electronic debit or debits to my account as outlined in the above form, for the amounts listed in the "Payment Information" section above. I understand the debit will be processed on the **FIRST DAY OF EVERY MONTH and the Initial debit for the minimum service fee will be prorated and debited the day service begins.**

**OVERAGE MINUTES / CHARGES:** I understand that the charges for this service can change monthly based on usage and that I can view my minutes used through the software. I understand that I am wholly responsible for the costs incurred for any overage minutes and there are no overage limits that we place on your use of the service. There are no credits for unused pre-paid minutes and unused minutes do not rollover.

**CHANGE OF INFORMATION:** I agree to notify verbally to 800-351-6299 or in writing to the above address fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or any change or situation that may affect debiting the payment.

**RETURNS:** I authorize the state authorized fee or returned item fee in the amount of \$25.00 to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor. I authorize returned transactions to be resubmitted up to 3 (three) times without further notice to me.

**CANCELLATION:** I understand that I may cancel the electronic debit authorization by providing written notice to the address above or verbal notice to 800-351-6299 fifteen (15) or more days prior to the next scheduled payment due date. No refunds will be given for any unused minutes included in any prepaid minimum service fee.

**TERMS OF SERVICE:** I understand that the Cloud ACM/Autodialer Service may only be used as outlined in the Acceptable Use Policy and by signing this agreement I admit that I have read and agree to use the service in accordance with the Acceptable Use Policy and that I agree to be bound by the Terms of Service. The Acceptable Use Policy and the Terms of Service can be found at the following web address: <http://www.rtopro.com/acmtos.html>

_____	_____
Customer Signature	Date
Printed Name: _____	