

ACH Authorization Form for Shed Dealers Signing Center

RTO Pro Software
1731 Old Mount Dora Rd
Eustis, FL 32726
Phone Number: 352-383-9375

Fax Number: 352-835-0682
Website: www.RTOPro.com
E-mail Address: Sales@RTOPro.com
Today's Date: _____

Customer Information

Customer Name: _____	
Business Name: _____	
Business Address: _____	Company FEI: _____
City St Zip: _____	Business Phone: _____

Financial Institution

Financial Institution	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: _____	
Bank Routing Number : _____ : _____	Exp Date if Credit Card: _____

Schedule of Fees

Setup Fee	Monthly Minimum	Per Agreement Loaded
\$0.00	\$10.00	\$0.75

Authorization

I authorize the electronic debit or debits to my account as outlined in the above form. I understand the debit will be processed on the **FIRST DAY OF EVERY MONTH and the amount of the debit will be based on the number of e-signature's initiated from the RTOWebpay.com dealer sign-in for the previous month multiplied by the Per Agreement Loaded.**

CHANGE OF INFORMATION: I agree to notify verbally to 352-383-9375 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 three (3) times without further notice to me.

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Customer Signature (Owner/Officer)

Printed Name

Date