



AUTOMATIC PAYMENT ENROLLMENT FORM

Terms and Conditions

Your credit card or check (ACH) payment will be processed on the day your invoice is generated or the next business day immediately following. The payment will be for the full balance of all outstanding invoices on the account.

Should you wish to cancel automatic payment, you may do so at any time in writing via fax, email, or postal service. Cancellation notice must be received by the last business day the month in order to ensure that automatic payment information is cancelled before the next billing date.

There will be a \$35.00 service fee for any check that is returned by your financial institution. More than one returned check in a twelve-month period will result in automatic discontinuation of automatic payment.

Payment Informatio	n		
Customer Name			
Pilling Addross			
City/State/7IP			
Email address for receipt			
Please charge my	Credit Card	Checking	g account
Credit Card Information			
Visa	MasterCard	Discover	American Express
Credit Card number	Widster euro		
Expiration Date	/	CVV Code	
Name on Card	/		
Checking Account Informe	ition		
Checking	Savings	Business Che	ecking
Bank Name			-
Bank ABA Routing Numbe	r		
Bank Account Number			
Name on Account			
	Diamaa attaab a	opy of voided check	

I hereby authorize River Mill Data Management to charge my account in accordance with the Terms & Conditions above. Please begin processing my payments automatically as of the date below. I further acknowledge that this payment authorization will remain in effect unless I notify River Mill Data Management of its cancellation via fax or the email listed at the bottom of this page.

Signature

Date

Print Name

Please fax completed form to (706) 317-5086 or email to jaybarwick@rivermill.net