



# Service Agreement / Authorization Form for RTOWebpay.com Service

FutureWare Enterprises, Inc. DBA RTO Pro Software  
6150 Tremayne DR Mount Dora FL 32757  
Phone Number: 800-351-6299  
E-mail Address: sales@rtopro.com

Today's Date:

Fax Number: ~~352-835-0687~~ 352-835-0682

Website: www.RTOPro.com, www.RTOWebpay.com

## Customer Information

Business Name:	Owner/Officer Name:
Business 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:

## Schedule of Fees

Setup Fee	Monthly Service Fee	Per Payment Fee
\$0.00	\$0.00	\$0.50

## 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 online payments initiated from the RTOWebpay.com payment portal for the previous month multiplied by the Per Payment Fee listed above.**

**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.

**TERMS OF SERVICE:** I understand that access to and use of the RTOWebpay.com Service is governed by the Terms of Service, and by signing this agreement I admit that I have read and agree to be bound by the Terms of Service. The Terms of Service can be found at the following web address: <http://www.rtopro.com/rtowebpaytos.html>

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Customer Signature (Owner / Officer)

Date

Printed Name

# Authorization Form

RTO Pro Software  
6150 Tremayne DR  
Mount Dora FL 32757  
Phone Number: 800-351-6299  
Fax Number: ~~508-888-0087~~ 352-835-0682  
Website: [www.rtopro.com](http://www.rtopro.com)  
E-mail Address: [sales@rtopro.com](mailto:sales@rtopro.com)

Today's Date: \_\_\_\_\_

## Customer Information

Customer Name: \_\_\_\_\_

Company FEI  
for business acct: \_\_\_\_\_

Name on Account/Card: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City St Zip: \_\_\_\_\_

## Financial Institution *Circle One* ( Bank - S&L - Credit Union )

Name of Institution: \_\_\_\_\_

Bank Account or CC#: \_\_\_\_\_

Type of Account

Personal Checking  Personal Savings

Business Checking  Credit Card

Bank Routing Number | : \_\_\_\_\_ | : Exp Date if Credit Card: \_\_\_\_\_

## Payment Information

Please debit ongoing payments of \$ \_\_\_\_\_ from my checking/ savings account or credit card on or after the \_\_\_\_\_ day of each MONTH until this agreement has been terminated .

First Payment Date \_\_\_\_\_

## AUTHORIZATION

I authorize the electronic debit or debits to my account as outlined in the above form. I understand and agree that the electronic debit will continue until the total amount due plus any return fees are collected or until I revoke this authorization. This authorization is also applicable to any new account information, payment amounts, and/or payment dates provided by me at some future time for the purpose of completing my account.

**CHANGE OF INFORMATION:** I agree to notify verbally to {phone} 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 \$20.00 to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor.

**CANCELLATION:** I understand that I may cancel the electronic debit authorization by providing written notice to the address or phone # above fifteen (15) or more days prior to the next payment due date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_