

AUTOMATIC PAYMENT AUTHORIZATION

Billing Information

Billing Contact: _____
Company: _____
Billing Address: _____
Email: _____ Phone: _____

Automatic Payment

Please select ONE of the following automatic payment options:

ELECTRONIC FUNDS TRANSFER (EFT)

Checking Savings

Account Name: _____
Bank Name: _____
Account Number: _____
Routing Number: _____

for SAMPLE
: 123454321 : 0123454321 :

OR

CREDIT CARD

Credit Card Number: _____ Expiration Date (MM/YY): _____
CVV/CVC: _____

Complete only if cardholder differs from billing contact information above.

Cardholder Name (Printed): _____
Address: _____ City, State, Zip: _____
Email: _____ Phone: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify ONE SOURCE THE BACKGROUND CHECK COMPANY in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being declined for any reason, I understand that ONE SOURCE THE BACKGROUND CHECK COMPANY reserves the right to assess late fees for no payment after 30 days and may submit to collection agency after 120 days. All fees and interest incurred during past due payments may be subject to additional charges at ONE SOURCE THE BACKGROUND CHECK COMPANY'S discretion. I acknowledge that the origination of the EFT to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form. The account will be invoiced on the first (1st) of the month, while the form of payment on file will be charged on the sixth (6th) business day of each month for any orders processed in the previous month. If there are no orders placed on the account in a given month, no invoice will be generated. By checking the box below, you agree to these terms.

I authorize ONE SOURCE THE BACKGROUND CHECK COMPANY to charge the above bank account and/or credit card account under the terms noted.

Signature: _____ Date: _____
Name (Printed): _____

Following completion, please submit this form to accounting@onesourcebackground.com.