

AutoPay Enrollment Request

(In lieu of this form, you can call 503.236.7657 to go on AutoPay)



Document #1311

Please Print clearly

Revision Date: 1/1/2025

Subscriber/Office Information	Subscribing Agent Name: _____ Web Subscriber ID: _____ <small>(Formerly Public ID)</small>
	Office Name: _____
	Office Address: _____
	City: _____ County: _____ State: _____ Zip: _____
	Phone: _____ Primary Email: _____

Fees to be Authorized	Select the charges: (Check each box that applies) <input type="checkbox"/> RMLS Quarterly Fees: Subscription \$160.00, SentiLock Service \$33.00*, and Paragon Access \$60.00* <small>*Your card will be charged for additional fees if enrolled in these optional services ** If enrolled in Annual Billing, your automatic payment will be processed Annually. Contact billing@rmls.com to learn more about Annual billing options.</small>	<input type="checkbox"/> Personal Assistant Access Fee <input type="checkbox"/> Office Quarterly Administrative Access Fee <small>Branch offices require a separate form.</small>
	Office Web ID: _____ <small>(Formerly Broker ID)</small>	

Payment Information <small>Select your payment method</small>	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS																			
	Account Number: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					-					-									
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	CVV Code: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> <small>This is the three-digit security code on the back of your card. American Express use the four-digit code on the front of your card.</small>																			
	Credit Card Billing Address: required _____																			
I authorize RMLS to initiate a credit/debit card transaction the first business day of the invoice month for each billing cycle. Card Holder Name: _____ *Expiration Date: _____																				
Card Holder Signature: _____ *Please Note: When your card expires, you are responsible for contacting RMLS. Call 503.236.7657 or submit a new form. <input type="checkbox"/> Checking Account: If you would like your payment deducted from your checking account please attach a copy of your voided check here: Account Holder Signature: _____																				

Subscriber Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify RMLS 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that RMLS may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

RMLS can neither accept this form nor payment information via email as it is not secure. If you choose to submit this form rather than calling us, please either submit via U.S. Mail to: 16101 SW 72nd., Ste. 200, Portland, OR 97224 or fax to Accounting: 503.872.8090. Please do not do both.