

## Electronic Payment Authorization Form

Sign and complete this form to authorize R&S Manufacturing and Sales Co., Inc. to make a debit to your bank account or credit card.

By signing this form, you give us permission to debit your credit card or account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize R&S Manufacturing and Sales to charge the  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_.  
(amount) (date)

Billing Address \_\_\_\_\_

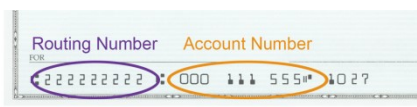
Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Invoice/Quote/Ref.# \_\_\_\_\_

**Checking/ Savings Account**

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



The diagram shows a routing number '222222222' circled in purple and an account number '000 555 02?' circled in orange.

**Credit Card**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 R&S Manufacturing and Sales Co., Inc. may at its discretion attempt to process the charge again within 30 days and agree to an additional \$40 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 this transaction with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.

Please return completed form for [Accounting@RSRoofproducts.com](mailto:Accounting@RSRoofproducts.com), or fax to 805-375-3981