

Company Name:

Payment Authorization

Phone: (415) 513-5170 Fax: (888) 783-8596 Email: info@imoverleads.com Web: www.imoverleads.com

iMover Leads Automatic Checking Draft Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete and sign the automatic check draft authorization form below. All requested information is required. Upon approval, we will automatically draft your checking account for the amount indicated on your invoice and your total charges will appear on your monthly bank account statement. You may cancel this automatic billing authorization at any time by contacting us in writing.

Customer Account MC #	Dh ana.	
Customer Account MC #:		
Payment Information:		6 1 1:
I hereby authorize iMover Leads, to automatically draft my checking account listed below for the amounts invoiced monthly, and acknowledge that all sales are final.		
Amount: (your payment amount can change weekly/monthly based on the total amount invoiced every month) Frequency: Weekly Monthly		
Start Billing On:		
Start Billing On: End Billing When: \otimes customer provides written	cancelation Contract expires:	:
Bank Account Holders Name:	Bank Name: _	
Bank Account Routing #:	Bank Account Account #: _	
Please note: Attach a copy of your check to this agree		_
reoccurring automatic payments you can simply provide check #'s for every draft processed, or fax or email a copy of the check. If any of your banking information changes, please notify iMover Leads ASAP, and fill out and fax back a new automatic checking draft authorization form.		
bunking information changes, please notiny inforce ceae	25 7 157 tt , dila illi ode dila lax back a new dator	natic checking draft auditorization form.
Bank Account Billing Address: (as it appears on the check)		
Street:		
City:	State:	Zip:
Telephone:	Email:	
Terms & Conditions:		
As the bank account holder, you authorize iMover Leads to draj	ft your checking account for future purchases verb	ally (or written) approved by account holder. Account
holder also agrees that all information provided is accurate and complete. By faxing signed authorization form and attaching check, client authorizes iMover Leads to		
recreate a check(s) draft on client's checking account. On the occurrence that clients check is returned for insufficient funds, iMover Leads will charge a \$25 returned check fee, and attempt to re-deposit check including the \$25 fee, however this delay may cause interruption in lead services from iMover Leads. By signing this form		
client agrees to pay for invoiced amounts on a monthly basis until either party terminates this agreement by delivery of verbal or written notice to cancel.		
In the event that services are active and have not been cancelled, and payment has not been received, iMover Leads will automatically draft payment from checking		
account for any invoiced amounts owed. The term of this agreement shall be month to month and shall automatically renew on the same terms and conditions		
consecutively, unless either party delivers written notice to can	cel within 10 days prior to term expiration.	
If any legal action is necessary to enforce the terms of this agreement, the prevailing party shall be entitled to recovery of reasonable attorney fee's in addition to any		
other relief to which he or it may be entitled. This contract shal respects, including matters of construction, validity, performan	_	
except in writing and that venue of any dispute arising hereund		
relating to the rights granted and obligations assumed in this in effect unless contained in a subsequent written modification sig	-	ns concerning this instrument shall be of nor force or
Account Holder Name	Account Holder Signature:	Nate: