

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started. Once completed, this form can be mailed back to us at: P.O. Box 785, Green Springs, OH 44836, or faxed to our secure line at 419-639-2099.

No Checks. No Stamps. No Late Fees. No Problem!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card and you will be charged the amount indicated in your contract. You will remain on your current billing cycle, whether it be monthly, quarterly, bi-annually, or annually. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 business days prior to the payment being collected.

I hereby authoriz	ze RSS Investi	rmation below: gation & Security to auton e or inspection billings only	natically charge my credit card f y.	for my contracted recurring
Billing Address:			Phone Number:	
City, State, Zip:_			Email:	
	Visa	MasterCard	American Express	Discover
	Name on Ca	ard:		
	Account Nu	ımber:		
	Expiration Date:		CVV (3-digits)	
	Date of Cha	arge: 1st of Month		
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