

Electronic Payment Authorization Form

Please complete this form to opt-in to electronic bill pay and email it back to KCollins@thecomplianceresource.com in a secure manner.

Name of Firm:	Date:
Principal Office: Address, City, State, & Zip:	

ACH PAYMENTS		
(All ACH payment transactions will incur a 1.5% convenience fee which will be added to your total invoice amount)		
REQUIRED CUSTOMER INFORMATION		
Name of Financial Institution:		
Bank Account Registration:		
Transit Routing Number (ABA):	Bank Account Number:	
Email Address:	Phone Number:	
Street Address:		
City:	State:	Zip:
Firm's Current CRP Retainer: \$	Convenience Fee: (X) 1.5%	Total Amount To Be Charged: \$
Note: Please confirm with your banking institution that your account can accept Automatic Clearing House (ACH) debits and that you have provided the correct ABA for ACH transactions.		

RECURRING CREDIT CARD PAYMENTS			
(All credit card transactions will incur a 3% convenience fee which will be added to your total invoice amount)			
REQUIRED CUSTOMER INFORMATION			
Cardholder Name:		Email Address to Send Invoices:	
CREDIT CARD TYPE		CREDIT CARD BILLING ADDRESS	
<input type="checkbox"/> Visa®	<input type="checkbox"/> Discover®	Street Address:	
<input type="checkbox"/> Master Card®	<input type="checkbox"/> American Express®		
Credit Card Number:		CVV:	Expiration Date:
RECURRING PAYMENT FREQUENCY		<input type="checkbox"/> Monthly Drafted on the first Monday of each month.	<input type="checkbox"/> Quarterly Drafted for the entire quarter on the first Monday of each quarter.
		<input type="checkbox"/> Annually Drafted for the entire year on the first Monday of the year.	
Firm's Current CRP Retainer: \$	Convenience Fee: (X) 3%	Total Amount To Be Charged: \$	

By signing below, I hereby authorize Compliance Resource Partners ("CRP") to use the information provided above for the collection of payment for all sums owed to CRP and, if necessary, to initiate and/or process adjustments for any transactions credited/debited.

- ACH - I understand that a 1.5% convenience fee will be added for all ACH payments.**
- CREDIT CARDS – I understand that a 3% convenience fee will be added for all credit card payments.**
- I agree to notify CRP in writing of any changes in my account information or termination of this authorization at least five (5) days prior to the next billing date.**

I certify that I am an authorized holder and user of the above-referenced account and that I will not dispute the scheduled payments with my bank account or credit card company provided the transactions correspond to the terms indicated in this authorization form. I certify that all information provided herein is complete and accurate. I understand that this Authorization shall remain in effect until CRP is notified by me or The Firm, to cancel or modify this Authorization at least five (5) days before such change is to take effect. I understand that this arrangement will be terminated if my account has insufficient funds or if my bank refuses payment.

Authorizing Party Signature:	Date:
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