

RANW-MLS

PREAUTHORIZED PAYMENT AGREEMENT For Pre-Arranged Payments (ACH DEBITS)

Company Name: Realtors Association of Northeast Wisconsin MLS, Inc.
Company Address: W6124 Aerotech Drive; Appleton, WI 54914
Company Depository Name/Bank Name Nicolet National Bank
City, State, Zip Appleton, WI 54914

I (we) hereby authorize Realtors Association of Northeast Wisconsin MLS, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Firm Depository Name/Bank Name	TRANSIT/ABA NUMBER
City, State, Zip	ACCOUNT NUMBER
Name on Checking Account	
Firm Name:	
Firm Address:	
For the purpose of: Monthly MLS Fees <i>*Does not include WCIE, Association fees, or annual renewal dues)</i>	
Beginning the 15th day of _____, 202__ and on the same day of each month thereafter.	

This authority remains in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credit to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

Authorized Bank Signer Name (please print):	Date:
Signature:	Title:

If more than one Bank Signer is Required for your Checking Account

Secondary Authorized Bank Signer Name (please print):	Date:
Signature:	Title:

PLEASE INCLUDE A VOIDED CHECK FOR THE ABOVE CHECKING ACCOUNT.