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	o debit the same			
to such account.				
Firm Depository Name/Bank Name	TRANSIT/ABA NUMBER			
City, State, Zip	ACCOUNT NUMBER			
City, State, Zip	ACCOUNT NUMBER			
City, State, Zip Name on Checking Account	ACCOUNT NUMBER			
	ACCOUNT NUMBER			
	ACCOUNT NUMBER			
Name on Checking Account	ACCOUNT NUMBER			
Name on Checking Account	ACCOUNT NUMBER			
Name on Checking Account Firm Name:	ACCOUNT NUMBER			
Name on Checking Account Firm Name:	ACCOUNT NUMBER			
Name on Checking Account Firm Name: Firm Address:	ACCOUNT NUMBER			
Name on Checking Account Firm Name: Firm Address: For the purpose of:				
Name on Checking Account Firm Name: Firm Address: For the purpose of: Monthly MLS Fees *Does not include WCIE, Association fees, or annual ren	ewal dues)			
Name on Checking Account Firm Name: Firm Address: For the purpose of: Monthly MLS Fees *Does not include WCIE, Association fees, or annual ren				

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:

* By signing this document electronically, I understand and agree that my electronic signature is legally binding and is the legal equivalent to a traditional paper and ink signature. I further swear that I am in fact the undersigned individual.

PLEASE INCLUDE A VOIDED CHECK FOR THE ABOVE CHECKING ACCOUNT.