



Bank Account Payment Update

As an effort to comply with security regulations and provide our customers with the convenience of payments by ACH, we are requesting updated bank account information. RFMS currently has a bank account on file for your payment plan and the following information is necessary to continue these payments:

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Electronic Funds Transfer (EFT) Authorization

I authorize RFMS, Inc. or their designated financial institution to initiate electronic funds transfer drafts from the bank account identified below for services or products month to month around the 20th or for any past due balances on my account. I understand that my information will be saved to file for future transactions. I agree to contact RFMS at least 7 days before the due date with any concerns to allow time for adjustment.

For full agreement terms, contact our business office at 1-800-701-7367.

PLEASE INCLUDE A PRE-PRINTED VOIDED CHECK ALONG WITH THIS EXECUTED AGREEMENT.

Checking Account #: _____

Routing #: _____

Signature: _____ Date: _____

Fax To: 888-216-5730 or Email To: orders@rfms.com