



## Authorization for Use of Credit Card or Direct Debit to Pay Recurring Monthly Obligation of Debtor Company

(NOTE: The individual signing below must provide a copy of their valid driver's license to confirm that such individual is the same person as the name of the person on the credit card authorized by the individual for use below)

I \_\_\_\_\_ (printed name), hereby authorize the charge to my \_\_\_\_\_ (Visa, MasterCard, Discover) or the direct debit of my \_\_\_\_\_ (checking, savings) bank account to pay for the charges as assessed each month by Merchants Security Exchange, Inc. DBA MAF Background Screening (hereafter MAF Background Screening) for services provided to \_\_\_\_\_ (hereafter Company)

By signing I hereby further acknowledge, authorize and agree to the following terms:

1. To the best of my knowledge, I am not violating any State or Municipal laws in the State of Florida and the State(s) of \_\_\_\_\_ (enter States, if applicable or put **NONE**).
2. I hereby release my credit card company, or bank and MAF Background Screening, from any liability that may otherwise arise from the application of the above-mentioned State and municipal laws.
3. For credit card charges, I am authorizing MAF Mortgage Service to charge my credit card and I agree to pay in full the amount so charged per this agreement and any other cardholder or bank agreement.
4. For direct debit to my bank account, I am authorizing MAF Background Screening to initiate an electronic debit to my bank account, that any item unpaid may be re-presented up to two (2) more times, and any return processing charge may be collected by the same means, in an amount not to exceed that amount permitted by state law.
5. This signed agreement will be retained to serve as proof of authorization and consent and to prevent me or the Company from asking such credit card issuer or bank to have this charge or debit reversed for any reason whatsoever.
6. I understand that upon review of our monthly charges from MAF Background Screening, should we believe that there is an error in said charges, due to what may be an inappropriate price or transaction(s) noted therein, I will promptly (within 14 days of the date of such charges) so notify MAF Background Screening, and upon discussion with the appropriate representative of MAF Background Screening, if there is agreement as to the error, that MAF Background Screening will issue a credit against our credit card number for the amount so agreed.
7. I understand that by electing to use a credit card or direct debit to pay for the monthly obligation of the Company, the Company will no longer receive a printed invoice via mail, and I must refer to MAF Background Screening' online application system to review transactions.
8. MAF Background Screening may, as a result of any declined/non-accepted credit card charge, NSF charge, or return, impose finance charges and elect to unilaterally terminate services if a payment arrangement acceptable to MAF Background Screening is not made within **3 (THREE)** business days of such occurrence. Payments must be made with certified funds or may be paid online at [www.mafscreening.com](http://www.mafscreening.com).
9. If the credit card processor or bank does not accept such credit card charge or direct debit for any reason, I remain fully and personally obligated for the services rendered by MAF Background Screening, notwithstanding any applicable arrangements between me and the Company.
10. I am personally obligated for service rendered by MAF Background Screening to any 3<sup>rd</sup> party. This includes, but is not limited to, disputed, reversed, or otherwise declined/non-accepted consumer credit card charges used in conjunction with services provided by MAF Background Screening to the Company.

11. I acknowledge that because of my relationship to the Company, this agreement is executed and supported by good and sufficient consideration by me and is made in good faith.
12. This agreement will begin with the first month end after signing of this agreement and will continue in force until such time as terminated.
13. This arrangement will terminate when I have elected to no longer use such arrangement, and by certified mail, with return receipt requested, have provided evidence of such notification to MAF Background Screening, indicating our intention to cease the use of this payment method effective with the **SECOND** month-end billing after this election has been terminated.
14. Termination of the Contract of Application for Services (or other Master Contract) will also terminate this agreement.
15. MAF Background Screening reserves the right to terminate this agreement at any time for any reason to include, perceived inappropriate use, or suspicion of fraud.

Signed by:

Accepted by MAF Background Screening:

\_\_\_\_\_  
(must be same name as on credit card)

\_\_\_\_\_

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

<b>Account information</b>	
Company Name	_____
Account Number	_____
Phone	_____
Name	_____
	<small>Print Name exactly as it appears on the Credit Card or Bank Account Statement</small>
Statement Billing Address	_____
	_____
	_____
Email	_____

<b>Credit Card Information</b>	
Type	_____
Credit Card Number	_____
Expiration Date	_____

<b>Direct Debit to Information</b>	
Bank Name	_____
Bank Routing Number	_____
Bank Account Number	_____

