

PAYMENT REGISTRATION FORM

Payment Account Type:
Automated ACH Billing Account-

Authorizes Commercial Process Serving, Inc. (herein referred to as CPS, Inc.) to charge the below checking/savings account for legal support services rendered. A receipt for each payment will be emailed to you immediately on the date of services rendered, at month-end or on the 15th of the following month for the full account balance. You agree that no prior-notification will be provided.

Firm information:

Firm/Customer Name: _____
 Street Address: _____ Suite #: _____
(no p.o. boxes)
 City: _____ State: _____ Zip: _____
 Phone: _____ * Fax: _____ Email: _____
 Business Type: Sole Proprietorship Corporation Partnership Other
 How did you hear about us? _____

Account Administrator's Contact Information

Contact Name:
 Direct Line:
 Email Address:

Accounts Payable's Contact Information

Contact Name:
 Direct Line:
 Email Address:

Checking/Savings Account

Name on Account: _____
 Bank Name: _____ Checking Account
 Account Number: _____ Savings Account
 Routing Number: _____ Bank City/State: _____

Acceptance of terms

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Commercial Process Serving, Inc. in writing of any changes in my account information or termination of this authorization. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as same day. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Commercial Process Serving, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

It is understood and agreed that a faxed or emailed copy of this agreement will be considered an original document.

By typing in your name below (e-signature), you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement and you consent to be legally bound by this Agreement's terms of use.

Name: _____ Title: _____ Date: _____

Or Email completed form to: admin@comproserve.net or fax to: (805) 658-8170