

You authorize regularly scheduled charges to your debit/credit card or bank account. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I authorize SADOS to charge my debit/credit card or bank account indicated below each month for payment of services rendered.

Billing Address			
City	State	Zip Code	
Phone Number		Email Address	
Checking/Savings Account		Debit/Credit Card	
Type	<input type="checkbox"/>	<i>Checking</i>	<input type="checkbox"/>
		<i>Savings</i>	
Name on Account			
Bank Name			
Account Number			
Routing Number			
Type	<input type="checkbox"/>	<i>VISA</i>	<input type="checkbox"/>
		<i>MasterCard</i>	<input type="checkbox"/>
		<i>AMEX</i>	<input type="checkbox"/>
		<i>Discover</i>	<input type="checkbox"/>
Name on Card			
Card Number			
CCV			
Expiration Date			

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify SADOS in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that SADOS may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 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.

Signature
Date