



Web: www.statewidemls.com
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MLS AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

I, the undersigned, authorize the State-Wide Multiple Listing Service (MLS) to automatically charge my credit card account for the following MLS fees billed to me **through any active Participant's office which I am associated with.**

MLS monthly membership fees:

- MLS Licensee Dues (All Licensees) \$30.00 monthly
- MLS Monthly Office Dues (**Billed to MLS Participant only**) \$40.00 monthly

MLS fees for optional services authorized by member

- MLS Book fees, MLS photo fees, MLS IDX & Data Feed fees, Data export fees, Property Panorama subscription fees, RILiving Agent Upgrade Packages, Web Site and Smart Framing fees and any other applicable fees in member account.

MLS fines and fees incurred by member

- Late fees, late photo fines, late sold fines, listing fines in accordance with MLS policy and rules that do not exceed \$50.00.

I understand and agree that MLS will use my credit card information to process a monthly automatic debit before the 8th of each month. This authority will go into effect as of "date authorized" and will remain in full force and effect until such time MLS receives 30 days advance written notification of its termination. These charges will appear on my credit card statement under the name "Realtor Association/MLS" and will serve as a receipt for payment.

I understand and agree that I have sole responsibility to update MLS in writing with changes to credit card information. Payments that cannot be successfully processed and fall past due will accrue against the Participant's office account and may cause MLS access to become suspended. Suspended access may take up to 2 business days to reinstate. **Late fees accrue against past due balances on the first business day of the month.**

Unless specified by checking below, all unpaid invoices in your account will be paid by your credit card with the execution of this agreement.

Please do not pay past invoices but begin direct pay on the billing cycle beginning: _____

Member's Name: _____ Agent ID: _____
PLEASE PRINT

Member's Current Office: _____ Office Code: _____

Email Address: _____ Contact Phone#: _____

By signing below, you are acknowledging authorization to the terms of this agreement

Signature of Member: _____

Signature of Cardholder of different from above: _____

Please return this form by mail, fax or email to lauren@statewidemls.com.

THE CREDIT CARD INFORMATION BELOW WILL BE DETACHED AND DESTROYED.

Cardholders Name if different from above: _____
PLEASE PRINT

Card Number: _____ Exp. Date: _____
FOR CLARITY PURPOSES, PLEASE INCLUDE SPACES (I.E. - 5555 5555 5555 5555) CHECK ONE

Revised: 05.25.11