



## Standing Authorization Form for Automatic Payments

Schedule your invoice payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

**Standing Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time, eliminating late charges and interest

**Here's How Standing Payments Work:**

You authorize automatic charges to your checking/savings account or credit card. You will be charged the amount indicated on your invoice each billing period. 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 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 The Cedalius Group to charge my credit card or checking account indicated below for the invoiced (full name) amount on the 1st business day of each month for payment of my background screening account.

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**Checking/ Savings Account**

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

**Credit Card**

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Cedalius Group 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 The Cedalius Group may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.00 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.*

**Office Use Only:**

Received \_\_\_\_\_

Date \_\_\_\_\_

File Date \_\_\_\_\_