

# Automated Bill Payment Enrollment

I am an MLS Participant  
(Broker, DR, Principal)

I authorize the Board to initiate payment from my account for:  
**(Select One)**

- All MLS charges to my office.  
 My individual MLS fee and any miscellaneous MLS charges to my office. (Excludes my agent's MLS fees.)  
 My individual MLS fee, including any applicable late fee.

Name: \_\_\_\_\_ Member No.: \_\_\_\_\_

- The MLS fee in the following individual's name, including any applicable late fee.

Name: \_\_\_\_\_ Member No.: \_\_\_\_\_

I am an MLS Subscriber  
(Agent/Non-Principal  
Broker)

I authorize the Board to initiate payment from my account for:  
**(Select One)**

- The MLS fee in my name as the MLS Subscriber, including any applicable late fee.

Name: \_\_\_\_\_ Member No.: \_\_\_\_\_

- The MLS fee in the following individual's name, including any applicable late fee.

Name: \_\_\_\_\_ Member No.: \_\_\_\_\_

I am an Affiliate Member

I authorize the Board to initiate payment from my account for all MLS charges to my office.

**Credit/Debit** card payments will be processed  
on one of the following dates:

**(Select One)**

- 2nd of the month due  
 16th of the month due

CC No: \_\_\_\_\_

**Credit/Debit cards**  
**(Select One)**

- VISA     MASTERCARD     DISCOVER

**(Select One)**

- Personal     Corporate

Exp. \_\_\_\_\_  
Date:  mm/yy

## Certification of Understanding

I understand I can view the financial activity of my account online at: <http://ims.aaabor.com>

By signing this enrollment, I also understand:

- This agreement will remain in effect until the credit/debit card expires/is closed or when a written change in agreement by either party is provided.
- It is my responsibility to notify the board of any changes in my account including updated expiration date for my credit/debit card or change in the account holders authorized on my card.
- If my transaction is denied for any reason, my MLS account and SentiLock services will be subject to late fees and suspension for any resulting delinquency.

**Signature(s)** (All persons authorized to the above account have signed.)

Account Holder: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Joint Account Holder: \_\_\_\_\_

Revised: 08/27/19