

2725 ROCKY MOUNTAIN AVE
SUITE 450
LOVELAND, CO 80538
www.IRES-net.com
www.ColoProperty.com



INFORMATION AND REAL ESTATE SERVICES, LLC

MAIN 970-593-9002
TOLL FREE 800-596-4901
FAX 970-593-0900

Authorization Agreement for Automatic Payments (Rev. 10/09)

In order for IRES to process automatic payments for your account, please complete the form below and return to IRES by fax or mail as soon as possible. Indicate the 1) Account, 2) Fees you would like us to process, 3) Account information and 4) Sign the form.

Automatic payments will be processed within one week of the due date each quarter. Due dates are February 1, May 1, August 1 & November 1. You may cancel the automatic payment option at any time by notifying IRES in writing via email, fax or regular mail. A \$25 IRES admin fee for refunds will be deducted from any refund owed a subscriber.

Thank you for allowing us to serve you!

IRES Accounts Manager, accounts@IRES-net.com

I HEREBY AUTHORIZE IRES, LLC TO DEBIT MY ACCOUNT AS INDICATED BELOW:

ACCOUNT: (Choose one) Checking Savings account Credit Card
(MasterCard, Visa, Discover)

FOR THE FOLLOWING FEES: (Check all that apply)

- MLS Fees (\$105.00/Qtr for REALTORS)
- MLS Fees (\$135.00/Qtr for Non-REALTORS)
- Lockbox Service
- Quarterly Sold CDs (Ft. Collins, Greeley, Loveland/Berthoud, Longmont/Boulder)
- Data Download (\$135 and \$20 per month for each additional URL)
- ColoProperty.com Inventory Link (\$10 to \$30 per month, depending on option selected)

Checking/Savings Account Info

Account Holder's Name: _____ Phone Number: _____

Financial Institution Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account No: _____

Account Holder Signature: **(Required)** _____ Date: _____

Credit Card Info

MasterCard Visa Discover Credit Card No: _____ - _____ - _____ - _____

Name as it appears on card: _____
(Please Print)

Phone Number of Cardholder: _____ Expiration Date: ____/____
Month Year

CVV (three or four digit number printed on the back of your credit or debit card): _____

Zip code of cardholder's billing address: _____

Cardholder Signature: **(Required)** _____ Date _____

Subscriber Name: _____ **Signature:** _____
(Please Print) (Required)

Office Name: _____