



ROSS & ASSOCIATES

BUSINESS FORMATION AND FILINGS

YOUR BUSINESS SUCCESS IS OUR FIRST PRIORITY

725.222.9687 725.777.4487 702.516.9216
info@rossandassociates-business.online
www.rossandassociates-business.online
3172 N. Rainbow Blvd PMB 34263 Las Vegas, NV 89108

ROSS & ASSOCIATES BUSINESS FORMATION AND FILINGS ACH AUTHORIZATION FORM

RECURRING CHARGE

You authorize regularly scheduled charges/payments to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided, and the charge will appear on your Credit Card or Bank Account Statement. You agree that prior notification will only be provided if the date or amount changes, in this case, you will receive notice from us at least ten (10) days before the payment is collected.

I _____ authorize ROSS & ASSOCIATES MBSP LLC and/or D/B/A:
ROSS & ASSOCIATES BUSINESS FORMATION AND FILINGS to charge my Debit, Credit Card, or Bank Account for the recurring charges of the amount listed below.

The agreed amount of \$_____ + (plus) applicable taxes for this recurring payment beginning on, Day: _____ Month: _____ Year: _____.

Recurring charges followed by the order applied below.

Weekly: _____ Bi-Weekly: _____ Monthly: _____ Yearly: _____

Goods / Services Rendered: _____.

Other Services Provided:

Tax Preparation| Notary Services| Business Formation & Filings | Custom Designs | Website Development + More.

ONE (1) TIME CHARGE

You authorize the merchant listed above and or below to make a one-time charge to your Credit Card or Bank Account listed below. By signing this form, you permit us to debit your account for the amount indicated on or after the indicated date. This is permission for a single **one-time** transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize ROSS & ASSOCIATES MBSP LLC and/or D/B/A:
ROSS & ASSOCIATES BUSINESS FORMATION AND FILINGS to charge my Debit, Credit Card, or Bank **ONE-TIME** only. For the amount listed below.

The agreed amount of \$_____ + (plus) applicable taxes for this one-time payment.

Goods / Services Rendered: _____.

Other Services Provided:

Tax Preparation| Notary Services| Business Formation & Filings | Custom Designs | Website Development + More.

All services are performed via remote online for your convenience



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DEBIT/CREDIT CARD AND/OR CHECKING/SAVINGS AUTHORIZATION

CUSTOMERS CREDIT, DEBIT CARD AND/OR CHECKING/SAVINGS INFORMATION:

Card Type:

Card Number:

Name on Card:

Card Exp:

CVV:

Address:

Card Number:

City:

State:

Zip Code:

Banks Name:

Routing Number:

Account Number:

Signature:

Date:

Time:

I agree to pay the total amount as entered above. I authorize ROSS & ASSOCIATES MBSP LLC and/or D/B/A: ROSS & ASSOCIATES BUSINESS FORMATION AND FILINGS or its subsidiaries to charge the above credit card for the abovementioned amount. I agree to be bound by ROSS & ASSOCIATES MBSP LLC and/or D/B/A: ROSS & ASSOCIATES BUSINESS FORMATION AND FILINGS terms of use for this transaction. I also agree that the buyer, YOU, is responsible for 100% of the fee if the transaction is canceled or charged back after ROSS & ASSOCIATES MBSP LLC and/or D/B/A: ROSS & ASSOCIATES BUSINESS FORMATION AND FILINGS has completed and fulfilled the services ordered.

NOTES AND/OR COMMENTS

All services are performed via remote online for your convenience



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AUTHORIZATION DISCLOSER:

Authorization for the following entities listed below and or above:

ROSS & ASSOCIATES MBSP LLC/ROSS & ASSOCIATES BUSINESS FORMATION AND FILINGS

I understand this authorization will remain in effect until I cancel it in writing. I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least **15** (fifteen) days before the next billing date. If the above-noted payment dates fall on a weekend or holiday, I understand the payments may be executed on the next business day. For my ACH Credit/Debit Card and or 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 merchant may, at its discretion, attempt to process the charge again within **3** (three) days and agree to an additional \$35 charge for each attempt returned NSF, (Non-Sufficient Funds) 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/debit card and checking/savings account and will not dispute these scheduled transactions with my bank as long as the transactions correspond to the terms indicated on this authorization form.

Description/Example of NSF (Non-Sufficient Funds) charge:

ROSS & ASSOCIATES MBSP LLC NSF CHARGE OF \$35.00 USD

Signature:

Date:

Time:

Thank you for choosing our services. We appreciate your business and eagerly anticipate the opportunity to assist you again soon.

Management

ROSS & ASSOCIATES BUSINESS FORMATION AND FILINGS

All services are performed via remote online for your convenience