



# Pre-authorized Payment Agreement

Exhibit C-MLS/MLSC

Please select one of the Billing Cycles below.

Annually

Semi-Annually

Quarterly

Monthly  
(Only available with MLS of Choice Service)

Please select only one of the Payment Method Option below and provide the required information.

(If another party other than your Principal Broker Subscriber (PBS) or Principal Appraiser Subscriber (PAS) will be paying for your fees, please do not complete this form and contact us for a Third Party Payment Agreement form.)

**Option 1 – Charge My Credit Card** (Please select one of the following credit card types.)

Visa  MasterCard  AMEX  Discover Acct#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Please print Full Name as shown on Credit Card: \_\_\_\_\_

Cardholder Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**Option 2 – Debit My Bank Account (ACH)** (Please select one of the following)

Checking (Attach a copy of a voided check)  Savings (Attach a copy of a deposit slip)

**Option 3 – Payment by Check**

If paying by check, please mail your check made payable to Hawaii Information Service and this form to 680 Iwilei Road, Ste 670, Honolulu, HI 96817 by the billing due date. Payment must be received before service may be activated.

**Option 4 – Annual Office Billing** (This option is only available to PBS, PAS or DR, if he/she is paying for all of his/her office Associate and Support Subscribers' subscription fees.)

Office Payment Method: \_\_\_\_\_

Please print PBS/PAS's Name: \_\_\_\_\_

Principal Broker/Appraiser Subscriber's Signature: X \_\_\_\_\_ Date \_\_\_\_\_

Please note that a \$25.00 service fee may be assessed in the event of returned checks or credit card denial or if changes to payment method or cycle are made after the billing has been processed. Fees not paid when due may result in the assessment of late fees and/or the suspension or termination of service.

Please complete the following information and sign the Agreement below.

Please print your Name: \_\_\_\_\_ Last Name First Name Middle Name/Initial(s)

Name of your Company/Office/Employer: \_\_\_\_\_

Your Billing Address: \_\_\_\_\_ Street Address City State Zip Code

Your Email Address (Required): \_\_\_\_\_

**AGREEMENT:** I authorize Hawaii Information Service (HIS) to keep my signature on file and to charge my VISA, MasterCard, AMEX or Discover credit card or debit my checking/savings account for the following fees if I elect to pay by credit card or ACH, or to invoice me if I pay by check. (See Exhibit B, Schedule of Fees and Charges)

- Initial Set-up, Reinstatement & Transfer Fees
- Training & Class Fees
- Processing and Rules Violation Fees
- Subscription Fees (Assessed in advance as per Subscriber's selected billing cycle)
- Any other subscription service or product I have signed up for.

I understand that this agreement is valid as long as I am a subscriber of HIS, but the termination of this agreement does not excuse me from the obligation to pay any amounts charged to me prior to its termination. To prevent service interruption, I will notify HIS of any change in my credit card, checking or savings account. Furthermore, I understand that charges will continue until HIS is notified in writing that I am no longer employed by a HIS PBS or PAS. I agree to abide by the current rules of the service and the HIS Subscriber License and Access Agreement, including, but not limited to Section 7(c), which states, "No refunds. HIS need not refund or pro-rate fees in the event of termination or suspension of this Agreement. Notwithstanding the foregoing, it is expressly understood and agreed that if Subscriber's PBS/PAS or firm is a subscriber and while Subscriber is actively licensed, and if Subscriber is located on the islands of Hawaii or Kauai, that Subscriber may not terminate his/her HIS MLS service and will continue to be obligated to pay all applicable fees.

Subscriber's Signature X \_\_\_\_\_ Date: \_\_\_\_\_

**If Subscriber is not a Principal Broker Subscriber (PBS) or Principal Appraiser Subscriber (PAS), the PBS or PAS must sign below.**

**AGREEMENT:** As a PBS or PAS, I understand and agree that I will be copied on each notice of non-payment of subscription, service or rules violation fees by any of my Associate or Support Subscribers and that their failure to pay fees may affect my service and to that of my office. In the event that efforts to collect fees from any of my affiliated subscribers are unsuccessful, I will be notified and offered an opportunity to pay for my affiliated subscriber's fees on his/her behalf to avoid interruption of my service and to that of my office. I agree to report changes to my office roster to HIS within 24 hours, including any changes in licensure status for subscribers affiliated with my office. I agree that I and my firm are responsible for the fees charged to any of my associate and support subscribers up to such time that I notify HIS in writing that the subscriber is no longer under my or my firm's employment

Principal Broker/Appraiser Subscriber's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Please Email this form to [Membership@hiinfo.com](mailto:Membership@hiinfo.com), Fax to 1-888-628-3121 from Neighbor Islands or 808-536-6499 from Oahu, or Mail to Hawaii Information Service, 680 Iwilei Road #670, Honolulu, HI 96817. Please allow 48 hours for activation upon HIS' receipt of this form, excluding weekends and holidays. An email confirmation will be sent to you with your username and password to access the service when your access is activated.