

PeopleService, Inc.

209 S 19th St., Suite 555 Omaha, NE 68102 (402) 932-8143

TERMS AND CONDITIONS OF AUTHORIZATION FOR AUTOMATIC PAYEMNT VIA: ACH or CREDIT/DEBIT CARD

- 1. PAYMENT AUTHORIZATION. The amount deducted from your account will be the balance owed to PeopleService, Inc. The request for payment will be sent to your bank on the bill due date each month. If payment is returned or declined a \$35.00 return fee will apply and automatic withdrawal (ACH) will be canceled immediately.
2. CANCELATION. This authorization is to remain in effect until revoked by either the customer, PeopleService, the City or financial institution. Notification to discontinue automatic payments must be received before the last of the month prior to cancelation.
3. NEW AUTHORIZATIONS. All new authorization take approximately one billing cycle to process. The note ***DO NOT PAY*** will appear under the total due on the bill once ACH has been activated.
4. PeopleService does except credit / debit cards. However, there will be a 3% re-occurring handling fee from the card processor each month. This fee will appear on your credit card statement as AVR, Inc.
5. CHANGES IN BANKING INFORMATION. The customer is responsible for providing PeopleService with any changes in banking information: bank name changes, account number changes, credit card information, etc. Failure to do so may result in return item fee or cancelation.

PLEASE KEEP THIS PORTION FOR YOUR RECORDS. Tear and return the agreement below or sign up online at www.peopleservice.com under utility billing after receipt of your first bill.

AUTHORIZATION AGREEMENT

Return this portion to:

PeopleService, Inc.
209 S 19th St., Suite 555
Omaha, NE 68102-1758

Date: Account #

Name: Address:

City/State/Zip Code: Phone:

Name of Financial Institution:

Address: City/State/Zip Code:

Please check one: Checking Acct.: Savings Acct.: Credit/Debit Card: (See below)

Name on credit card:

Credit Card # Exp. Date: (MM/YYYY) Security Code

PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM FOR ACCOUNT INFORMATION AND ACCURACY.

I, (please print), authorize PeopleService, Inc. to charge my checking, savings or credit card monthly, as stated above, in the amount of my bill each month. I agree to all Terms and Conditions set forth by PeopleService, Inc.

Signature: Date: