

Attn: Accounts Receivable



CHECK-BY-PHONE AUTHORIZATION AGREEMENT FOR PAYMENT

Name the Account _____

Routing # _____

Account # _____

Account Type: Checking Savings

Please select the appropriate automatic billing option that applies:

If this specific bill is be charged to your account, check here and fill in the transaction amount:

- Bill this invoice of \$_____ to my account.

If your bill is for the same amount each month, check here and fill in the transaction amount:

- Bill my regular monthly charge of \$_____ to my account.

If your bill varies each month, check here:

- Bill all monthly charges to my account. Since my payment amount varies each month, I will receive written notification of the amount and date of the next charge prior to each schedule transaction date. Automatic payment amount not to exceed \$_____.

Please tell us how long you want us to automatically charge your account.

- This authorization is valid for one transaction
- This authorization is valid until I provide you with written cancellation

You may cancel this automatic billing authorization at any time by contacting us in writing.

I hereby authorize Regal Wine Imports to initiate payments from my checking/savings account

Signature _____ Date _____