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**Payment Authorization — ACH / Credit Card**

Company: Vista Insurance and Financial Services

Billing & revocation email: S.Sambrano@MariniaGroup.com

## Authorization

I authorize Vista Insurance and Financial Services (“Vista IFS”) and its payment processor to initiate recurring electronic debits/charges from the account or card identified below for amounts due under our Letter of Engagement, including the first charge upon acceptance and subsequent monthly subscription charges in advance, plus any add-ons/catch-up/processor fees as applicable.

Billing cycle anchor. I understand my billing cycle is anchored to the date my first payment is successfully processed (the “Billing Date”), with subsequent monthly charges on the same numerical day; if a month lacks that date, the charge runs on the last day of that month; if the date falls on a weekend/U.S. banking holiday, the debit may occur the next business day. Billing timing is based on U.S. Pacific Time.

This authorization will remain in effect until 30 days after Vista IFS receives my written revocation at S.Sambrano@MariniaGroup.com, and revocation must be received at least 3 business days before the next scheduled debit to be effective for that cycle. I am an authorized signer on the account/card.

## Payer Information

| Business Legal Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- |
| Billing Contact Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Billing Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Method (check one) | [ ] ACH (bank account) [ ] Credit/Debit Card |
| ACH — Bank Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ACH — Routing Number | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ACH — Account Number (last 4 ok via secure portal) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Card — Brand / Last 4 / Exp — Billing Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_