



Automatic Payment Form

Company Name: _____
Address: _____
City: _____ State: _____ Zip/Postal _____
Phone: _____ Fax: _____

I authorize **Constellation HomeBuilder Systems, Inc.** and the financial institution named below to initiate electronic debit entries to my checking/savings account or charge my credit card listed on this form for the amount specified below or the then current rate card. I will continue to pay all fees and this authority will remain in effect until I notify you in writing, 60 days in advance of scheduled payment, to cancel. If a payment is returned for insufficient funds, or I do not give proper written notification of cancellation as described above, I agree to pay **Orion Wine Software** any applicable service fees.

Option 1: AUTHORIZATION FOR DIRECT PAYMENT

Name of Financial Institution: _____ Branch: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal _____
Financial Institution Routing Number: _____ (9 digit # on bottom of check)
Account No: _____ Checking or Savings Account

Option 2: AUTHORIZATION FOR CREDIT CARD

MasterCard Visa American Express

Card Number: _____ Expiration: _____
Name on Card: _____ CVV: _____
Billing Address: _____
City: _____ State/Province: _____ Zip/Postal _____
Amount of Charge: \$ _____ Company Card or Personal Card

Based on the Option selected above, please use this form of payment for support fees and any other purchases

Please process this one time fee \$ _____ Initial _____ Currency: _____
 Please process my support fees Monthly Quarterly \$ _____ Initial _____

Based on your authorization, your banking information will be kept confidential. You agree to hold harmless Constellation HomeBuilder Systems from any and all liability arising out of this authorization, including consequential damages

Authorized Signature **Print Name** **Date**

Fill out this form, sign, date and email to: Veronika.naumenko@constellationhb.com