



### Pre-Authorized Payment Agreement - (Exhibit C)

Print this completed form, sign, and FAX it, along with [Exhibit A](#) and a copy of your license to HIS at 888-628-3121 or 536-6499 (Or [mail](#) it to us, if you prefer)

#### PRE-AUTHORIZED PAYMENT AGREEMENT - (EXHIBIT C)

I authorize Hawaii Information Service (HIS) to keep my signature on file and to charge by VISA/Master Card or debit my checking/savings account for the following fees:

- Training Reservation Fee (Applied to all Applicants) See Exhibit B - Schedule of Fees and Charges
- The Initial Subscription Fee - See Exhibit B - Schedule of Fees and Charges
- Subscription Fee (Assessed in Advance) See Exhibit B - Schedule of Fees and Charges
  - Annual (10% discount)      Semi-Annual (7.5% discount)      Quarterly (5% discount)
- Fees for Optional Services incurred by Associate Subscriber (i.e., photographs, e-mail/Internet access) See Exhibit B - Schedule of Fees & Charges

I understand that this form is valid so long as I am a SUBSCRIBER of HIS. To prevent service interruption, I will notify HIS of any change in my Credit Card or Checking/Savings account. I agree to abide by HIS Subscriber License & Access Agreement Section 6.3 which states: "Fees are non-refundable and will not be prorated".

#### PLEASE SELECT ONLY ONE (1) PAYMENT OPTION:

##### Option #1 - Charge my Credit Card

Visa      Mastercard      Account#: _____      Expir. Date: _____  Name: _____ (Please Print Name exactly as it appears on your credit card)  Signature: _____ Date: _____ This account information will be used for: _____  (Print Account Holder's name above, if other than the Associate Subscriber)
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##### Option #2 - Debit my Bank Account

Checking (Attach a copy of a VOID check)      Savings (Attach a copy of a Deposit Slip)  Bank Name: _____      Branch: _____  City: _____      State: _____      Zip: _____  Name: _____ (Please print name exactly as it appears on your account)  Signature: _____ Date: _____ (Print Account Holder's name above, if other than the Associate Subscriber)
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Please fax this Exhibit C along with [Exhibit A](#) of the Subscription Agreement and a copy of your license to: 1-888-628-3121. (Or [mail](#) it to us, if you prefer.)

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