

AXA PRODUCER NAME _____

DATE _____

Tax Account Annual Fee Agreement

PLEASE READ CAREFULLY. BY SIGNING BELOW, YOU AGREE TO HAVING READ AND UNDERSTOOD THE FOLLOWING:

I hereby authorize **Realty Benefit Services** to access the checking or savings account provided below solely for the purpose of paying automatic contribution service fees rendered for my tax account.

I understand that the initial fee of \$_____ * will be deducted from the account provided below. I further understand that an annual \$96.00* deduction will be made on the first business day of the calendar year from the account provided below and that I shall incur additional charges in the event any payment is returned for any reason. The current charges are \$25.00 for non-sufficient funds and \$10.00 for failure to notify two weeks in advance of a change in accounts. This would include changes in account numbers that would cause a returned item.

**The annual fee is subject to change.*

Notifications

I agree to provide written notice at least two weeks in advance in the event I wish to close my tax account or stop automatic contributions from my commissions. I further agree to indemnify and hold **Realty Benefit Services** and or their affiliates for charges assessed to my account from my lending institution due to debits for services rendered. I agree to notify **Realty Benefit Services** in writing of any changes to my bank account, this notice will be at least two weeks in advance of any debits. I understand that these services are being provided solely through arrangements with **Realty Benefit Services** and my real estate firm.

In the event I leave my real estate firm, I will notify Realty Benefit Services prior to December of my termination to avoid any further service fees from being deducted in January.

NAME _____

REALTY COMPANY _____

OFFICE LOCATION _____

SOCIAL SECURITY # _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

SIGNATURE _____

DATE _____

Attach a Voided Check