



# Sage Software Automatic Payment Plan Enrollment Authorization Form

To: Sage Software c/o: ClientCare 80 Technology Drive Irvine, CA 92618  Tel: 888-926-8989 Fax: 949-753-0374	Licensee:
	Address:
	Anniversary (blank if lapsed):

On behalf of the Licensee identified above, I want to renew our annual ClientCare Plan as of the Anniversary Date set forth above, and I want to enroll us in the Automatic Payment Plan and authorize automatic renewal of our ClientCare Plan in the years to come, for the annual subscription price payable monthly as shown below as the "Monthly Payment Amount."

I enclose a check that shows our bank account number, and I authorize Sage Software to request our bank to debit our checking account (and any future account that I may designate by calling Sage Software) automatically each month to pay the Monthly Payment Amount due Sage Software.

I understand that: The services to which we are entitled under the ClientCare Plan are described on the ClientCare Webpage of the Sage Software Web site: <http://www.sagesoftware.com/clientcare> Click on the appropriate product. If we decide to cancel our authorization for automatic renewal, we need to notify Sage Software at least thirty days before the next anniversary date; Sage Software likewise has the right to terminate this automatic renewal feature by notifying us at least thirty days before the next anniversary date. In the event of a returned transaction, Sage Software will charge our account a fee of \$25.00, and if we prevent debiting of our bank account, whether by closing it or otherwise, Sage Software will invoice us for a charge of \$250.00 and the remaining balance due for the then-current year under the ClientCare Plan, and we will pay the amount due as shown by the invoice no later than thirty days after the date of the invoice.

**SELECTION OF PLAN LEVEL AND MONTHLY PAYMENT AMOUNT:**

ClientCare Plan Level (check one)	Monthly Payment Amount
<input type="checkbox"/> Subscription Plan	\$
<input type="checkbox"/> Silver Plan	\$
<input type="checkbox"/> Gold Plan	\$

**AUTHORIZED SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Enclosure: Voided check (for checking account direct debit)  
 Automatic Payment Plan Worksheet (only applies to customers currently on ClientCare plan)



## Sage Software Automatic Payment Plan Worksheet

This worksheet is the first step in Automatic Payment Plan enrollment and will provide you with a total for each monthly automatic payment that will be deducted from your bank account. Enrollment in this program will enact monthly automatic payments that spread your Sage MAS 90 or 200 ClientCare fees over a year. Before you start, study the sample worksheet below on the left. Your worksheet consists of the blank spaces on the right. Follow these instructions:

1. To begin filling out your worksheet, obtain your maintenance renewal amount from your renewal notice and write it in at the top. If you are unable to locate your renewal notice, contact Sage Software Customer Care at 888-924-8989.
2. Divide the renewal amount by 12 and enter it in Monthly Maintenance Amount.
3. If you would like to renew your plan to include Silver or Gold telephone support, check the appropriate box here, and then enter that amount in the worksheet.
  - Silver \$125 (Per Month)
  - Gold \$200 (Per Month)
4. Calculate the subtotal.
5. Include applicable sales tax and add the monthly convenience fee (the convenience fee is waived if you renew to include Silver or Gold telephone support).
6. Continue by calculating your Total Monthly Amount.

Sample Worksheet		Actual Worksheet	
Maintenance Renewal Amount	\$1,350.00	Maintenance Renewal Amount	\$
Monthly Maintenance Amount	\$112.50	Monthly Maintenance Amount	\$
Telephone Support	\$ -	Telephone Support	\$
Subtotal	\$112.50	Subtotal	\$
Sales Tax*	\$8.72	Sales Tax*	\$
Monthly Convenience Fee (\$5)	\$5.00	Monthly Convenience Fee (\$5)	\$
<b>Total Monthly Amount</b>	<b>\$126.22</b>	<b>Total Monthly Amount</b>	<b>\$</b>

Once you have determined your Total Monthly Amount, write it on your Enrollment Form in the appropriate space provided. **Please return this completed Worksheet along with your Enrollment Form in the envelope provided or fax to 949-753-0374.** If you have any questions, please call 888-924-8989.

\*Sales Tax applies to all states excluding: AK, DE, MT, NH, OR