



1968 S. Coast Hwy
Suite 3470
Laguna Beach, CA. 92651
Support@VistaIFS.com

VISTA INSURANCE & FINANCIAL SERVICES
Bookkeeping & Payroll Division
A Marinia Group Company

PAYMENT AUTHORIZATION & BILLING AGREEMENT

Client Legal Name: _____

Doing Business As (DBA): _____

Primary Contact Name & Title: _____

Email for Billing Notices: _____

Effective Date of Authorization: ____ / ____ / ____

1. Purpose of This Authorization

This Payment Authorization & Billing Agreement (“Authorization”) allows Vista Insurance & Financial Services – Bookkeeping & Payroll Division (“VistaIFS,” “we,” “our”) to charge your selected payment method for:

- Monthly bookkeeping subscription fees
- Optional payroll administration fees

- Any approved add-on services or agreed one-time setup fees

This Authorization works together with your **Letter of Engagement** and the **Subscription Billing & Refund Policy**. If there is ever a conflict, the Letter of Engagement and Refund Policy control the scope of services and refund rules.

2. Payment Processors & Security

VistalFS uses **third-party payment processors** to securely collect your card or bank information and to run recurring charges:

1. **Primary processor:** QuickBooks Payments by Intuit
2. **Secondary processor (backup):** Stripe

VistalFS does **not** store full card or bank numbers on its own systems. You will receive a secure link from one of these providers to enter or update your payment information directly on their PCI-compliant payment pages.

By signing this Authorization, you agree that:

- Your payments will be processed by Intuit QuickBooks Payments and/or Stripe as merchant of record.
 - Your relationship regarding the movement of funds is also subject to the terms of those processors.
-

3. Authorized Payment Method

Please check one (or both) and complete details as instructed in the secure payment link we send you:

- ACH (Bank Account)** – Checking / Savings
 Credit / Debit Card

Name on Account/Card: _____

Last 4 Digits of Card or Bank Account (for reference): _____

(Full details will be entered by you through the secure link provided after onboarding.)

4. Services Covered by This Authorization

4.1 Bookkeeping Subscription

This Authorization covers your recurring bookkeeping subscription with VistalFS:

- **Plan (check one):**
 - Starter – Cash Basis (listed range: \$199/mo)
 - Standard – Accrual (listed range: \$399–\$499/mo)
 - Advanced – Multi-State / Nonprofit (listed range: \$750–\$1,250/mo)
- **Agreed Monthly Fee:** \$ _____ per month

4.2 Payroll Administration (Optional Add-On)

If you elect to add payroll administration services through VistalFS:

- **Bookkeeping only (no payroll)**
- **Bookkeeping + Payroll Add-On**

For payroll clients, you understand that:

- A **separate QuickBooks Payroll subscription** may be required and is billed **directly by Intuit**, not by VistalFS.
- VistalFS will administer payroll through your QuickBooks Payroll account (or other agreed platform) using access you grant.
- VistalFS will invoice **VistalFS payroll administration fees** under the subscription model described in the Letter of Engagement and pricing schedule.

VistalFS Payroll Admin Fee (circle or write):

- Per-run + per-employee model **or**
- Flat monthly payroll fee

Agreed payroll admin fee: \$_____ per month (or) \$_____ per run + \$_____ / employee.

5. Recurring Billing & Autopay

By signing below, you authorize VistalFS to:

1. Charge your chosen payment method **monthly in advance** for the agreed subscription fees and add-ons.
2. Run charges on your **Billing Date**, which is the date of your first successful subscription payment.
3. Continue charging your selected method automatically each month until you properly cancel according to the Refund Policy.

You acknowledge that:

- **Autopay is required** for all subscription clients.
 - VistalFS does **not prorate** monthly subscriptions. If you start mid-month, your Billing Date still becomes the anchor date for future payments.
 - All charges are subject to the **Subscription Billing & Refund Policy** (no refunds once a billing cycle begins, three-day grace for failed payments, etc.).
-

6. Failed Payments, Grace Period, and Suspension

If a charge is declined or returned:

1. You will receive a notice to update your payment method.
2. You have a **3-day grace period** to resolve the issue and provide a valid payment method.
3. If payment is not resolved within 3 days, services may **pause automatically**.

4. If payment is still not resolved within **7 days**, VistalFS may **terminate services** and/or send your account to collections consistent with the Refund Policy.

You agree to keep your payment information current and to notify VistalFS promptly of any changes.

7. Changes to Fees or Services

VistalFS may adjust subscription fees or add-on rates in the future. We will provide **written notice (email)** in advance of any change. Continued use of services after the effective date of a change constitutes acceptance of the updated fees.

If you do not agree with a pricing change, you may cancel your subscription in writing before the new fees take effect, consistent with the Refund Policy.

8. Cancellation of Authorization

You may cancel this Authorization at any time **with written notice** (email is acceptable), subject to the following:

- Cancellation stops **future billing cycles only**.
- There are **no refunds** for the current billing cycle once payment has been processed.
- If you cancel your Payment Authorization but still wish to receive services, new arrangements must be agreed upon **before** further work is performed.

To cancel, email: **Support@VistalFS.com** with the subject line: “*Payment Authorization Cancellation – [Your Company Name]*”.

9. Confirmation & Signature

By signing below, you:

- Confirm that you are an authorized signer on the bank account or card specified for payment.
- Authorize VistaIFS and its payment processors (QuickBooks Payments and/or Stripe) to initiate recurring charges as described in this Authorization, your Letter of Engagement, and the Subscription Billing & Refund Policy.
- Acknowledge that you have received, read, and agree to the **Subscription Billing & Refund Policy** and **Letter of Engagement**.

Client Authorized Signer (Print Name): _____

Title: _____

Signature: _____

Date: ____ / ____ / ____

For VistaIFS Internal Use Only (Completed by VistaIFS):

- Client ID / File Name: _____
- Bookkeeping Plan: Starter Standard Advanced
- Payroll Add-On: Yes No
- Billing Date (MM/DD): _____
- Monthly Subscription Amount: \$_____
- Payroll Admin Amount: \$_____
- Payment Processor: QuickBooks Payments Stripe Both / as needed