

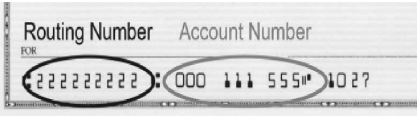
Initial Box to designate type of payment.
ALL Payments must be made no later than the 16th of each month.



- Automatic ACH deduction.
- Automatic Credit Card.
- Will pay on-line as shown on Invoice.
- Will pay by check.

Electronic Check/ Credit Card Authorization Form

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Name on Check (Last, First): _____	
Address: _____	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Bank Routing Number: _____	
Bank Account Number: _____	
Amount Authorized: _____	
Email Address for electronic receipt (optional): _____	
Signature: _____	

Please complete the information in the box below to authorize a credit card transaction.

Card Holder Name: _____	
Card Address: _____	
Amount Authorized: _____	
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master-card <input type="checkbox"/> Discover-card	Expiration Date: ____/____
Card Number: _____	3-digit security code: _____
E-mail Address for electronic receipt (optional): _____	
Signature: _____	