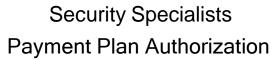
ACH Debit | Authorization Form





Name:		
Please print First Address:	Middle	Last
City/State/Zip:		
Home Phone: ()	_	
Work Phone: ()		
Payment Plan Schedule		
One-time Payment Payment Date	:	Payment Amount: \$
Recurring Debit every:D		,
Start Date: Month:Day:		
Start Date. MonthDay.		T ayment Amount. \$
End Date: Month:Day:	Year:	<u> </u>
Customer Bank Account Inform	ation	
Bank:	Phone N	lumber: ()
Routing Number:		
Account Number:		
Attach	a voided check to this fo	orm.
Payment Authorization I authorize my bank to debit my account as identified the Service Provider and bank receive written notified afford the Service Provider and bank reasonable of	ication from me of intent to ter	minate at such time and in such manner as to
I understand that if the total amount owed to the Se payment amount remains unchanged until the amo earlier by me as above. I understand any added an	ount owed the Service Provide	er is paid off, or unless the plan is terminated
All other changes such as payment amount, freque Authorization Form to be filled out and submitted to this payment plan may be cancelled by the Service an NSF fee of \$25.00 (or the amount allowable by	Merchant 15 days prior to ar Provider or Merchant due to	ny change being implemented. I understand that NSF (Non-sufficient Funds). I will be liable to pay
I represent and warrant that I am authorized to exe plan. I indemnify and hold the Service Provider, the authorized actions hereunder.		
Customer Signature:		Date:
Second Authorized Signature of Bank Account if Required:		Date: