

**Automated Payment Processing  
Customer Application Form**

PLEASE PRINT THE FOLLOWING INFORMATION:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK (\_\_\_\_\_) \_\_\_\_\_

BANK NAME \_\_\_\_\_

Your bank account will be debited on the \_\_\_\_\_ day of each month for \_\_\_\_\_  
\_\_\_\_\_ beginning \_\_\_\_\_, 2002.

**Attach a voided check from the account to be drafted and return it and this form to:**

\_\_\_\_\_.

*With Automated Payment Processing, there is no access into your bank account. We simply print a check against your account each month for the amount listed below, made payable to*

\_\_\_\_\_.

*NOTE: If you bank at a Credit Union, you must verify with your institution the correct bank routing and account numbers for use with pre-authorized drafts on your account.*

I hereby authorize a monthly bank draft on the account designated not to exceed \$\_\_\_\_\_. If your draft amount is variable, please check your monthly bank statement for the exact amount of the draft. A copy of this notice will be forwarded to your banking institution.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**For Office Use Only:**

Bank Account #: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_