

**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: _____/_____/_____