AUTHORIZED AGREEMENT FOR PREAUTHORIZED DEBITS

Account Number: __ __ __ __ __ __

Name: _____

Address: _____

_____

Please Bill Me: ____ **Monthly** ____**Quarterly** ____**Semi-Annually** ____**Annually**

CHECKING ACCOUNT

- Bank Name:_____
- Branch:_____
- City:_____ State:_____ Zip:_____
- Account Number:_____
- 9 Digit ABA (Routing Number) __ __ __ __ __ __ __ __ __
(First nine digits on the bottom left side of your check.)
- Signature(s):_____

SAVINGS ACCOUNT

- Bank Name:_____
- Branch:_____
- City:_____ State:_____ Zip:_____
- Account Number:_____
- 9 Digit ABA (Routing Number) __ __ __ __ __ __ __ __ __
(Please confirm you have the correct routing number for EFT withdrawals from your bank.)
- Signature(s):_____

CREDIT CARD (VISA/MC/AMEX/DISCOVER)

- Credit Card Number:_____
- Expiration Date:_____
- Signature(s):_____