



AUTHORIZATION FOR DIRECT PAYMENT

RETAIN FOR YOUR RECORDS

On _____ I authorized
(DATE)

(COMPANY NAME & DEPT.)

(ADDRESS)

(PHONE)

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount: \$ _____ (if payment amount changes we will notify you at least 10 days before the regularly scheduled payment date)

Regular payment date: _____