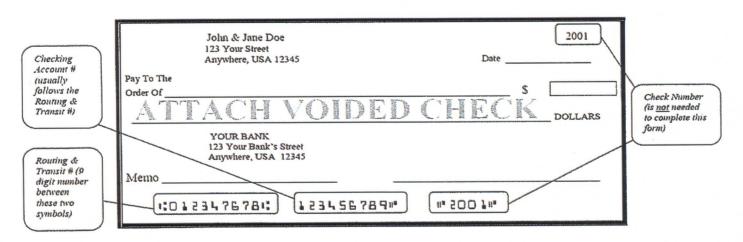
Direct Debit Payment Authorization Form

Company Name		
financial institution indicated below. This a received written notification from me of its te	(Company) to initiate debit entries to my account with the uthorization is to remain in full force and effect until Company above has rmination; at such time and in such manner as to afford Company above as days before the next transaction effective date to act on my request.	5
Customer Name Please Pr	Customer #	
Customer Signature	Date	
Bank Account Information		a .
Depository Bank Name	() Checking () Savings	
City	State Zip	
Routing/Transit Number	outing/Transit Number Account Number	

NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS <u>MUST</u> BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.

PLEASE ATTACH A VOIDED CHECK PER ACCOUNT TO THIS FORM.



^{*}This form is intended for one banking institution. For multiple banking institutions, please complete a different form for each institution.

AUTOMATIC BILLING AUTHORIZATION FORM

empany Name:	ID Number:
FROM CRE	DIT CARD:
I authorize you to charge my bill directly to the	e credit card(s) listed below:
Primary Card Account	Secondary Card Account
Name on credit card (exactly as printed)	Name on credit card (exactly as printed)
Billing Address for credit card (Street, Apt. #)	Billing Address for credit card (Street, Apt. #)
City, State Zip	City, State Zip
Credit card number Expiration Date	Credit card number Expiration Date
Signature Today's Date	Signature Today's Date
 Bill all charges to the above card(s). Since the payment a and date of the next charge prior to each scheduled trans. This authorization is valid until I provide you with written c 	mount may vary, I will receive written notification of the amount action date. ancellation.