

ACH CREDIT/DEBIT AUTHORIZATION

Direct Payment Enrollment Form

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE NUMBER: _____

Please select which applies:

Please deduct payment from my account _____

Please credit payment to my account _____

FINANCIAL INSTITUTION: _____

TRANSIT/ABA#: _____

ACCOUNT NUMBER: _____

Checking Account \$ _____

Savings Account \$ _____

I authorize "COMPANY NAME" to deduct/credit my account as listed above.

I understand that if I decide to discontinue this payment plan I will notify "COMPANY NAME" in writing at the following address:

COMPANY NAME
ADDRESS

SIGNATURE: _____ DATE: _____

NOTE: Enclose a voided check with this form