

ACCOUNT NUMBER							

AUTHORIZATION NUMBER							

## Method of Payment Authorization Form

**Customer Automatic Payment Authorization:** By signing below, you authorize your Bank, credit card company or other financial institution shown below to: A) debit my checking account if I have selected EFT Direct Payment – Option A; or B) charge my credit card if I have selected Option B, for the purpose of paying the amount(s) owed under the agreement together with any other amounts you owe including past due amounts or default charges. You agree that if a payment cannot be made for any reason when due that continued attempts to debit or charge your designated account for the monies owed may be made until payment in full has been received. You represent that the following information is correct. **Complete and Sign A or B.**

*Complete only one of the following:*

**A: EFT Direct Payment: - ATTACH COPY OF VOIDED CHECK**

Name on Checking Account: \_\_\_\_\_  
 Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

**B: Credit Card-Direct Debit Charge to My Credit Card**

VISA     
  MasterCard     
  AMEX     
  Discover

Name as it appears on the Card: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Automatically deduct payable at signing?      Yes      No

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_