



Electronic Check/ Credit Card Authorization Form

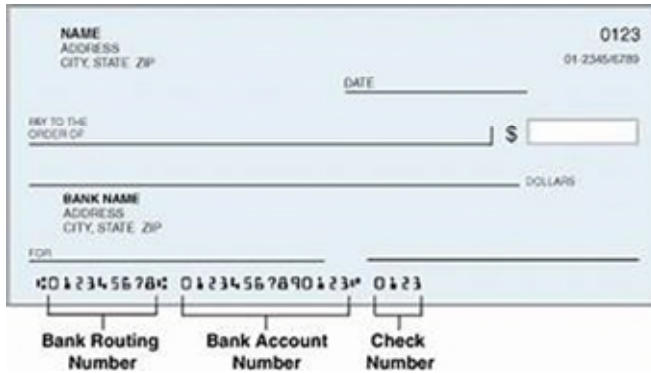
(There is no additional cost for an e-check, a credit card payment will charge a 2.5% fee with a minimum of \$1.95.)

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Name on Check: (Last, First): _____

Address: _____

Bank Routing Number: _____



Type of Account: Checking Savings

Bank Account Number: _____

Amount Authorized: _____

Financial Institution: _____

Email Address for electronic receipt (optional): _____

Signature: _____

Please complete the information in the box below to authorize a credit card transaction.

Card Address: _____

Amount Authorized: _____ Card Type: Visa MasterCard Discover AmEx

Card Number: _____ Code on Back: _____ Expiration Date: ___ / ___

E-mail Address for electronic receipt (optional): _____

Signature: _____

***** Please provide a daytime phone number if you would like a phone call prior to the payment being processed. () - . While we can provide a rough estimate at the time of paperwork submission, we cannot provide an exact amount until we begin processing your paperwork. Thank you for your understanding.**