

## Automatic Payments Enrollment Authorization

I hereby authorize my financial institution to make periodic payments on my behalf from the checking, savings, or credit account listed below and transfer it to \_\_\_\_\_ . I understand that I am in full control of my payments, and I will notify both my financial institution and \_\_\_\_\_ if at anytime I decide to make any changes, discontinue this service, or change or close my credit card or bank account.

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Bank Account Information:

Name of institution: \_\_\_\_\_

Account number: \_\_\_\_\_ Routing Number (or attach voided check) \_\_\_\_\_

### Credit Card:

Visa      Mastercard      AMEX      Discover

Credit Card Number: \_\_\_\_\_ Exp: Month/Year: \_\_\_\_\_