



PAYMENT AUTHORIZATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*Email Address: _____

TO PAY BY CREDIT CARD:

Cardholder Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CC Type (Check one): VISA MC

CC Number: _____

CC Expiration (MM/YYYY): _____ / _____

* An e-mail will be sent to you confirming any charges billed to your account.

I AUTHORIZE AUTOMATIC BILLING OF FUTURE ACCOUNT BALANCES TO MY CREDIT CARD LISTED ABOVE. (A receipt will be mailed to you).

X _____

TO PAY BY CHECKING ACCOUNT:

Name on Account: _____

Bank Account Routing Number: _____

Bank Account Number: _____

Account Type: CHECKING SAVINGS

* An e-mail will be sent to you confirming any charges billed to your account.

I AUTHORIZE AUTOMATIC BILLING OF FUTURE ACCOUNT BALANCES TO MY CHECKING ACCOUNT LISTED ABOVE. (A receipt will be mailed to you).

X _____