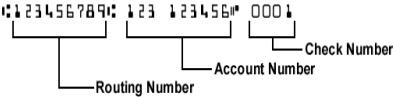


# AUTHORIZATION FORM

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

FOR OFFICE USE ONLY	CUSTOMER #	DATE		
Effective date of authorization: ____/____/____				
<b>Type of authorization:</b> <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date				
Last Name		First Name		
Address				
City		State	Zip	
Email Address				
<b>MONTHLY PAYMENT:</b> Date for monthly withdrawal (please check one): <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> Other ____ Date of first payment: ____/____/____ Amount of monthly payment: \$ _____				
<b>CHECKING / SAVINGS</b>	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b> Account Number: _____ 	
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____ Date: _____			

*If using a checking account, please attach a voided check to the bottom of this page.*