

ACH DIRECT PAYMENT FORM

BILLING INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

SERVICE ADDRESS: _____

(ADDRESS WHERE YOU WOULD LIKE PAYMENT APPLIED)

PAYMENTS WILL AUTOMATICALLY BE DEDUCTED ON THE 15TH OF EACH MONTH. IF THE 15TH FALLS ON A WEEKEND OR HOLIDAY, PAYMENTS WILL BE DEDUCTED THE NEXT OPERATING BUSINESS DAY.

BANKING INFORMATION

BANKING INSTITUTION: _____

ADDRESS: _____

PHONE: _____

ROUTING # _____

ACCOUNT# _____

I AUTHORIZE THAT THE ABOVE INFORMATION IS CORRECT AND THE MONTHLY PAYMENT WILL BE DEDUCTED AUTOMATICALLY EACH MONTH. YOU WILL BE RESPONSIBLE FOR ANY FEES INCURRED BY THE BANK FOR FUNDS NOT AVAILABLE.

SIGNATURE

DATE