



Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
Periodic Payment: Date for monthly/semi-annual/annual withdrawal <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th (please check one):			
Date of first payment: ____/____/____ Amount of periodic payment: \$ _____			
C H E C K I N G / S A V I N G S	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: _____ Valid Routing # must start with 0, 1, 2, or 3 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: _____
C R E D I T C A R D	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
	Credit Card Number: _____		Expiration Date: _____
	Name on Card: _____		
	Billing Address (if different from above): _____		
	I authorize the above organization to charge my credit card in accordance with the information above.		
Signature (as it appears on the credit card): _____		Date: _____	

If using a checking account, please attach a voided check over the credit card section.