

SIGN UP FOR AUTOMATIC PAYMENT

Company Name

Address

City / State / Zip Code

ATTENTION: Accounts Receivable/ Accounting

Subject: Payment by Automatic Debit

I am interested in having my payments to your company drafted electronically from my account. Please set my account up for this payment method and have it effective for my next payment due date. If you need any additional information, I can be reached at the number shown below. I appreciate your assistance in this matter. Please send a confirmation of this transaction to me at the address below.

Sincerely,

AUTHORIZED SIGNATURE

(Original signature required to authorize change)

DATE

Automatic Payment Information

First Name

Last Name

Address

City / State / Zip Code

Day Phone

Evening Phone

Bank Name

Purpose

\$

Amount of Payment

Date of Payment

Routing Number

Account Number