



FOR OFFICE USE ONLY		CUSTOMER #	DATE
Last Name		First Name	
Address			
City		State	Zip
Email			
Date of first payment: ____/____/____ (mm//dd/yy)		Frequency of payment: (please check only one) <input type="checkbox"/> Weekly on Mondays <input type="checkbox"/> Bi-weekly on Mondays <input type="checkbox"/> Monthly on the 1 st	
		Amount of maximum payment: \$ _____	
C H O O S E O N E F O R M O F P Y M T	CHECKING / SAVINGS Please debit payments from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize the above company 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 payments 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 company 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 above.

Please complete the following sections only:

- Name, address, city, state, zip and email. Please add your phone next to email.
- If you opt to use ACH payment, please complete the entire checking / savings box
- If you opt to use Credit Card payment, please complete the entire credit card box