



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	C H E C K I N G / S A V I N G S	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