



PLEASE COMPLETE THE FOLLOWING FORM FOR PAYMENT THROUGH ACH:

THIS WILL REMAIN IN AFFECT UNTIL WE RECEIVE WRITTEN NOTICE TO DISCONTINUE THIS SERVICE

NAME: _____

ADDRESS: _____

FID/SS # _____

BANK NAME: _____

STREET ADDRESS: _____

ACCOUNT # _____

ROUTING # _____
(must be 9 digits)

SIGNATURE: _____

DATE: _____