

DEAR VALUED CUSTOMER

We want to provide you with the best service possible.

Please help us serve you better by signing up for our secure automated payment service.

- Convenient • No lost or stolen checks • No delayed or missing payments • Your payment is fully protected.*

AUTHORIZATION FOR AUTOMATED PAYMENTS

I authorize and request _____ to initiate debit entries to my account, by and through Automated Payment Systems, hereinafter called APS, and to debit the same to such account as indicated below at the depository financial institution indicated below. This authorization is to remain in full force and effect until APS has received written notification from me of its termination in such time and manner as to afford APS and depository financial institution a reasonable opportunity to act on it.

Customer Name: _____

Customer ID Number: _____

Bank / Credit Card Account Owner if different from Customer: _____

Bank or Institution Name: _____

Bank or Institution City, State: _____, _____

Account Type: Checking Savings Credit Card (Visa, Mastercard, American Express, Discover)

Bank Account / Credit Card Number: _____

Credit Card Expiration Date: ____ / ____ / ____



Bank / Credit Card Account Owner Signature: _____

Date: ____ / ____ / ____

PO Box 255 • Sandy • Utah • 84091 • USA

Initial Payment Information

Payment Amount: _____	Number of Payments: _____ and then / or <input type="checkbox"/> Continual	First Payment Date: ____ / ____ / ____
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Payments are monthly unless otherwise indicated here: _____

**ATTACH VOIDED
CHECK / CREDIT CARD
IMPRINT HERE**

Office use only:

New Customer

Change

Renewal