



## Electronic Check/ Credit Card Authorization Form

*(There is no additional cost for an e-check, a credit card payment will charge a 2.5% fee with a minimum of \$2.50.)*

Please complete the information in the box below to authorize an electronic check payment (ACH-debit).

Name on Check: (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

A diagram of a check form with various fields labeled. At the top left, it says "NAME ADDRESS CITY, STATE ZIP". At the top right, it says "0123" and "01 2345 6789". In the center, there is a "DATE" field. Below that, it says "PAY TO THE ORDER OF" followed by a line and a "\$" sign and a box for the amount. Below that, it says "BANK NAME ADDRESS CITY, STATE ZIP". At the bottom, there is a line for "FOR" and a MICR line with numbers: "⑆0123456789⑆ 01234567890123⑆ 0123". Below the MICR line, there are three boxes labeled "Bank Routing Number", "Bank Account Number", and "Check Number".

Type of Account:  Checking  Savings

Bank Account Number: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Email Address for electronic receipt (optional): \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete the information in the box below to authorize a credit card transaction.

Card Address: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_ Card Type:  Visa  MasterCard  Discover  AmEx

Card Number: \_\_\_\_\_ Code on Back: \_\_\_\_\_ Expiration Date: \_\_\_ / \_\_\_

E-mail Address for electronic receipt (optional): \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*\* Please provide a daytime phone number if you would like a phone call prior to the payment being processed. ( ) - . While we can provide a rough estimate at the time of paperwork submission, we cannot provide an exact amount until we begin processing your paperwork. Thank you for your understanding.**