



Payment Authorization

A credit card is required to be on file. Please provide the following information:

CARD HOLDER NAME: _____
VISA/MC/DSC NUMBER: _____
EXPIRATION DATE: _____

Payment is due on the 1st of each month. If payment is not received by the 8th of the month, your card will be charged on the 9th for the full amount due plus a \$5.00 transaction fee.

I would like to be set up on auto pay.
 I would **NOT** like to be set up on auto pay.

I have read, understand, and agree to the above policy.

Signature: _____ Date: _____



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