



ELECTRONIC CHECK / CREDIT CARD AUTHORIZATION FORM

ONLY FILL OUT ONE OF THE PAYMENT METHODS BELOW

Please complete the information in the box below to authorize an electronic check payment (ACH-debit). No Return, No Refund Policy.

Name on Check (Last, First):

Address:

Type of Account: Checking Savings

Routing Number: Bank Account Number:

Amount Authorized: \$

Email Address for electronic receipt (optional):

Signature:

Please complete the information in the box below to authorize a credit card transaction. No Return, No Refund Policy.

Card Holder Name:

Card Address:

Amount Authorized: \$

Card Type: Visa MasterCard CVV Code:

Card Number: Expiration Date:

E-mail Address for electronic receipt (optional):

Signature: