



Automatic Payment Plan

You agree to make payments for services provided; all other charges permitted under this Contract and all applicable taxes through the Automatic Payment Plan. The processing of your first payment made on the Automatic Payment Plan may be delayed up to seven days. If all of your payments are made through the Automatic Payment Plan, the reduced rate stated in the Structure of Fees Document, under the Balance Calculation section will apply. If you cannot or do not continue to make your payments through the Automatic Payment Plan, payments will increase to the original rate stated in the Structure of Fees Document, under the Balance Calculation section. You must be an authorized signatory on the account specified below.

If you have elected the Automatic Payment Plan, you are authorizing us, or our agents to make charges or withdrawals to the accounts you have specified (until paid in full), to include monthly payments, tax payments and all other charges permitted in this Contract. Additionally, you are authorizing us to increase our charges/withdrawals for monthly dues and taxes in accordance with this Contract. You understand that you are entitled to notice of all varying charges/withdrawals and you waive the right to receive prior notification for increased charges/withdrawals made in accordance with this Contract. If you notify us that you choose to pre-pay the outstanding balance of your Contract, we may charge/withdraw the outstanding balance from your account. If for any reason you do not continue to pay your Contract payments through the Automatic Payment Plan, you agree to make payments through our regular payment plan. If you received a reduced rate, it will be revoked and regularly scheduled monthly payments will again apply. **Your Automatic Payment Plan election will remain in effect unless and until you give written notice of termination to us at the address noted below and we have a reasonable opportunity to act on that notice or until you timely notify your bank.**

Client agrees that payments will begin on the ____ day of ____, 2006. Payments numbering ____ will be withdrawn in the amount of \$____.00. Client agrees that he/she has read all of the above information and fully agrees to comply with the guidelines aforementioned.

CLIENT SIGNATURE: _____ **DATE** _____

(payment) Visa Master Card American Express Discover Bank Draft

Card Number _____ Signature _____

PLEASE ATTACH A VOIDED CREDIT CARD IMPRINT, PREPRINTED CHECK OR PREPRINTED DEPOSIT SLIP AS APPLICABLE

OFFICE USE ONLY	Charge Credit Card: ____ Credit Card Number: _____ Exp Date: ____ Sec ____ Name on Credit Card: _____ Billing Address: _____ Withdraw from my Bank Account Number: _____ (<input type="checkbox"/> Checking <input type="checkbox"/> Savings) Bank Name: _____ Routing & Transit Number: _____
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