

Electronic Payment Authorization Form

Select One: Checking Account Savings Account

Please complete account information below or attach a voided check

Bank Name: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

OR

Select Card Type: Debit Card Credit Card

Select Card Type: VISA MASTERCARD DISCOVER AMEX

Name on Card: _____

Expiration Date: ____/____/____ **Security Code:** _____

Amount of Payment: _____ **Start Date:** ____/____/____

Select One Frequency: One Time Weekly Monthly Other

Date payments are to be processed: (example: 1st, 15th, 30th, every Friday)

Signature & Authorization:

I authorize MFG to debit my account as identified above according to the terms stated. This authorization shall remain in effect until the balance is paid in full or MFG receives notification from me of my intent to terminate this payment plan (allowing 15 days to afford MFG reasonable time to act).

I understand that this payment plan may be cancelled by MFG due to Non Sufficient Funds (NSF) and that MFG will apply a \$25.00 returned check fee to my account on all NSF occurrences. I understand I am responsible for all NSF fees that are charged by my bank.

Signature: _____

Date: ____/____/____