

# DEAR VALUED CUSTOMER

*We want to provide you with the best service possible.*

*Please help us serve you better by signing up for our secure automated payment service.*

- *Convenient*
- *No lost or stolen checks*
- *No delayed or missing payments*

*Your payment is fully protected.*

## AUTHORIZATION FOR AUTOMATED PAYMENTS

I authorize and request \_\_\_\_\_ to initiate debit entries to my account, by and through Automated Payment Systems, hereinafter called APS, and to debit the same to such account as indicated below at the depository financial institution indicated below. This authorization is to remain in full force and effect until APS has received written notification from me of its termination in such time and manner as to afford APS and depository financial institution a reasonable opportunity to act on it.

Customer Name: \_\_\_\_\_

Customer ID Number: \_\_\_\_\_

Bank / Credit Card Account Owner if different from Customer: \_\_\_\_\_

Bank or Institution Name: \_\_\_\_\_

Bank or Institution City, State: \_\_\_\_\_, \_\_\_\_\_

Account Type:     Checking             Savings             Credit Card (Visa, Mastercard, American Express, Discover)

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

Bank Account / Credit Card Number: \_\_\_\_\_

CC Exp Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    CC Billing Zip Code: \_\_\_\_\_



Bank / Credit Card Account Owner Signature: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_    Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PO Box 255 • Sandy UT 84091 • USA  
(800) 274-0772 • Fax (801) 572-6435  
www.aps123.com

### Payment Information

Payment Amount: _____ or Variable Amounts <input type="checkbox"/>	Number of Payments: _____ or Continual <input type="checkbox"/>	First Payment Date: ____ / ____ / ____ (Payment dates may vary)
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**ATTACH VOIDED  
CHECK / CREDIT CARD  
IMPRINT HERE**

Office use only:     New Customer             Change             Renewal