

DEAR VALUED CUSTOMER / APRECIADO CLIENTE

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 •*

Nosotros deseamos darle el mejor servicio posible.

Por favor ayudenos a servirle firmando nuestro seguro servicio de pago automatico.

- *Conveniente • No perdida de cheques o robo • No retrasos o pagos olvidados • Su pago esta totalmente protegido •*

AUTHORIZATION FOR AUTOMATED PAYMENTS / AUTORIZACION PARA PAGOS AUTOMATICOS

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.

Yo solicito y autorizo _____ iniciar el debito y o descuento a mi cuenta a traves del sistema de pago automatico, tambien llamado APS, debitar lo indicado de mi cuenta a favor de la institucion financiera abajo indicado. Esta autorizacion tiene efecto hasta que APS reciba una notificacion escrita de mi, terminando con el tiempo y de la manera adecuada que APS y la institucion financiera puedan actuar razonablemente.

Customer Name / Nombre del Cliente: _____

Customer ID Number / Numero de ID del Cliente: _____

Bank-Credit Card Acct Owner if different from Customer / Banco-Tarjeta de Credito Cuenta de la persona diferente al Cliente: _____

Bank or Institution Name / Nombre de Banco o Institucion: _____

Bank or Institution City, State / Ciudad y Estado Del Banco o Institucion: _____, _____

Account Type / Tipo de Cuenta: Checking / Cheques Savings / Ahorros Credit Card / Tarjeta de Credito
(Visa, Mastercard, American Express, Discover)

Bank Account-Credit Card Number / Cuenta Banco-Tarjeta de Credito: _____

Credit Card Expiration Date / Tarjeta de Credito Fecha de Vencimiento: ____ / ____ / ____

Bank-Credit Card Account Owner Signature / Banco-Tarjeta de Credito Dueno Firma: _____

Date / Fecha: ____ / ____ / ____



PO Box 255 • Sandy • Utah • 84091 • USA

Initial Payment Information / Informacion del Pago Inicial

Payment Amount / Total Pagado: _____	Number of Payments / Numero de Pagos: _____ then-or/y-o <input type="checkbox"/> Continual/Continuos	First Payment Date / Primer Dia de Pago: _____ / _____ / _____
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Payments are monthly unless otherwise indicated here / Pagos mensuales a menos que se indique aqui:

ATTACH VOIDED CHECK - CREDIT CARD IMPRINT HERE / SUJETO PAGO CHEQUE - TARJETA DE CREDITO IMPRIMIR AQUI

Office use only / Uso Oficial Unicamente: New Customer / Nuevo Cliente Change / Cambio Renewal / Renovacion