ACH Direct Payment Authorization

e are pleased to offer you a new service - the Direct Payment Plan. Now you can have your payment made automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- ✓ it saves time fewer checks to write
- helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town
- no lost or misplaced statements, your payment is always on time - it helps maintain good credit
- ✓ it saves postage
- ✓ its easy to sign up for, easy to cancel
- ✓ no late charges

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear with your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

AUTHO	RIZATION FOR DIRECT PAYMEN	IT
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, , ,	(COMPANY NAME)	
	avings account. This authority will remain into afford the company a reasonable oppor	
	ny financial institution 3 days before my ac	
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(NAME OF FINANCIAL INSTITUTION)	(BRANCH)
(CITY)	(STATE)	(ZIP CODE)
X		
(SIGNATURE)		(DATE)
	(NAME - PLEASE PRINT)	Samuel georgepiet de la constantina de la companya
	(IANIAC - I ELFIOL I MITT)	
The State of the S	(ADDRESS - PLEASE PRINT)	
	Checking or Savings	•
TRANSIT ROUTING NUMBER	ACCOUNT NUMBER INFORMATION	1
ABA		
Amount to Debit: \$	Frequency of Debit:WeeklyN	fonthlySemi-Monthly
R	ETAIN FOR YOUR RECORDS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
On I authorized (DATE)		
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***************************************	(ADDRESS)	
to initiate electronic entries to my checauthorization. I may revoke my author	cking/savings account and have agreed to the dization with you at any time by writing to the ac	terms listed on the ddress above.
Initial payment amount: \$		•
Regular payment date		