



Direct Payment Authorization Form: Fixed Payments

We are pleased to offer you a new service - the Direct Payment Plan. Now you can have your payment deducted 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 and mail
- Helps pay your bills in a convenient and timely manner - even if you are on vacation or out of town
- Your payment is always on time - it helps maintain good credit
- It saves postage - many people spend close to \$100 a year on postage
- It's 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. Your payments will be made automatically on the specified day. Proof of payment will appear on 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 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.

PLEASE COMPLETE THE INFORMATION BELOW

I authorize COM AQUATICS, Inc. to initiate electronic debit entries to my: **(circle only one)**

checking account (or) **savings account** for payment of my COM dues.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. This authority will remain in effect until I have cancelled it in writing.

PRINT NAME _____

FINANCIAL INSTITUTION NAME _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY & STATE _____

SIGNATURE _____ DATE _____

Attach a voided check for verification of all financial institution information. If unable to attach a check, please fill in your account number and routing number. BE SURE TO SIGN THIS FORM.

OFFICE USE ONLY:

Account ID _____

Total Monthly Dues _____

Effective Date _____