



Please print legibly.

YOUR NAME(S) AS IT APPEARS ON YOUR CHECK

#1 _____ #2 _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Alternate Telephone _____

E-mail _____

BANK INFORMATION

Name of Bank _____

Bank Address _____

City _____ State _____ Zip _____

Routing Transit # _____ Checking Acct. # _____

Routing Transit # _____ Savings Acct. # _____

AMOUNT OF DEDUCTION

1st of each month \$ _____

15th of each month \$ _____

YOUR SIGNATURES AUTHORIZING DEDUCTION(S)

Signature _____ Date _____

Signature _____ Date _____