

CUPAY

PLEASE DEDUCT PAYMENT FROM THE FOLLOWING ACCOUNT.

CHECKING/SAVINGS ACCOUNT NUMBER _____

MEMBER INFORMATION:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

PAY TO:

NAME _____

ACCOUNT NUMBER _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

MONTHLY RECURRING PAYMENT

AMOUNT _____ PROCESS ON THE _____ OF EACH MONTH

ONE TIME PAYMENT

AMOUNT _____ PROCESS DATE _____

I HEREBY AUTHORIZE THIS PAYMENT.

SIGNATURE _____ DATE _____