

E-Z Pay Authorization for Automatic Credit Card Payment:

I (we) authorize PSC to initiate entries to charge my (our) credit card described below on the **14th day** of each month (or the first business day after the **14th**, if it falls on a holiday or weekend). This authority is to remain in full force and effect until PSC has received notification from me (us) of its termination in such time and manner as to afford PSC a reasonable opportunity to act on it.

I understand I can have the amount of an erroneous charge credited to my credit card by notifying PSC of an error.

Type of Credit Card:

(Visa, Mastercard or Discover ONLY)

Credit Card #:

C V V #:

Expiration Date:

Customer Name:

(Please Print exactly as on card):

Address:

Billing #:

Signature:

Date:

Please return this form with your payment.



E-Z Pay Authorization for Automatic Bank Payment:

I (we) authorize PSC to initiate entries to debit my (our) account described below on the **14th day** of each month (or the first business day after the **14th**, if it falls on a holiday or weekend). This authority is to remain in full force and effect until PSC has received notification from me (us) of its termination in such time and manner as to afford PSC a reasonable opportunity to act on it.

Checking Account #:

(Please attach a voided check) OR

Savings Account #:

(Please attach a savings account deposit slip)

Financial Institution Name:

Financial Institution Routing #:

Financial Institution Address (Street, City, State & Zip):

Signature:

Full

Name: _____

Date:

Billing Number:

Optional for Joint Account:

Signature:

Full

Name: _____

Date:

Please return this form and a voided blank check or savings deposit ticket with your payment.