DIRECT PAYMENT/ACH DEBIT or CREDIT CARD Authorization Form

We are pleased to offer you a new service—the Direct Payment Plan. Now you can have your payment deducted automatically from your checking/savings account or credit/debit card. 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're 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/savings account or credit/debit card.. Your payments will be made automatically on the specified day, and 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 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.

All You Need to Do Is:

1. Fill in your name at the top of the form.

2. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.

3. Attach a voided check for verification of all financial institution information or provide the information for your credit/debit card. If you are unable to attach the voided check, please be sure you fill in your account number and routing number.

4. This authorization authorizes us to debit your account on a regular basis.

5. If you are funding this debit with specific payment instructions to move funds from a bank outside the United States to a US financial institution, please check the box indicating this. A representative from the state will contact you with more instructions on how this payment will be processed. Depending on how this transaction is funded, you may not be able to have your account automatically debited by the state agency you are working with.

6. Be sure to sign the form.

Please complete the information below:

ACH DEBIT AUTHORIZATION

I, _____, authorize _____ to initiate electronic debit entries for payment of my rent and/or utility bills to my:

TYPE OF BANK ACCOUNT:

☐ Checking account

☐ Savings account

☐ Business Account (Check this box only if the checking or savings account is a business account),

BANKING INFORMATION:

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY, STATE and POSTAL CODE _____

********** **How to Revoke your Authorization:**
This authority will remain in effect until I have cancelled it in writing.

Changes to your ACH Direct Debit Authorization:
In order to warrant that payments we originate through the ACH network comply with all US Laws, we must rely upon the employee or organization to advise if this debit authorized by you is being funded from a Non US Financial Institution explicitly for the purpose of this payment. Please contact us with any changes to your ACH Debit Authorization.

I acknowledge that the origination of ACH transactions to the authorized account must comply with the provisions of Pennsylvania and U.S. law.

SIGNATURE_____

DATE _____

PHONE NUMBER _____

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other_____
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Cardholder ZIP Code (from credit card billing address):
Security Code (CVV):

I,_____, authorize_____to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

_____ _____

Customer Signature Date