AUTOMATIC PAYMENT ENROLLMENT FORM FORM

(Please print or type)			
CUSTOMER NAME	**CSA ACCOUNT NUMBER**		
BILLING ADDRESS			

CITY	**STATE**	**ZIP**	**DRIVERS LIC #**	**STATE**	**EXPIRES**

DAY TELEPHONE	**NIGHT TELEPHONE**	**EMAIL ADDR (REQUIRED)**

Billing Frequency: (please select one)

I wish to be billed for my fees: ❏ - Quarterly   ❏ - Bi-Annually   ❏ - Annually (Any payment method, no billing fee!)

Billing Method: (please select one)

❏ - **Email-Billing** - wish to be billed electronically by email. (No Extra Charge/No Billing Fee)

❏ - **Paper Bill** - I wish to be billed on a paper bill. (Billing fee pricing applies)

Payment Method: (please select one)

❏ - **E-Check** - I wish to have my amount debited from my checking account automatically on the 20th of every billing cycle month. (No Extra Charge/No Billing Fee)

❏ - **Paper Check** - I wish to send a check to you a paper check or I will use my bank's bill pay. (Billing fee pricing applies)

❏ - **Credit Card** - I wish to have my amount billed to my credit card automatically on the 20th of every billing cycle month.

CREDIT CARD NUMBER INFORMATION

NAME ON CARD	**CARD NUMBER**	**EXP DATE**	**CVV CODE**
BILLING ADDRESS (if different)	**TYPE OF CARD**		
	☐-**VISA** ☐-**MasterCard** ☐-**Discover** ☐-**AMEX**		
CITY	**STATE**	**ZIP**	

BE SURE TO ATTACH A VOIDED CHECK IF YOU ARE USING ACH!