

## Direct Payment Authorization Form: Fixed Payments

We are pleased to offer you the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account, or credit card, and you won't have to change your preset 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 you 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.
- No late charges since payments will be deducted on the same day each billing cycle.

### Here's how the Direct Payment Plan works:

You authorize your initial deposit and subsequent regularly scheduled monthly payments to be made from your checking or savings account or credit card as specified below. Your monthly payments will be made automatically on the 1<sup>st</sup> of the month beginning September 1, 2011 through May 2012. Proof of payment will appear on your statement.

The authority you have given to charge your account will remain in effect until (i) you notify us in writing to terminate the authorization; or (ii) May 31, 2012. If the amount of your payment changes, we will notify you at least 10 days before the next payment date. The Direct Payment Plan is dependable, flexible, convenient, and easy. This service is being provided as an alternative to full payment of club registration fees. Anyone who does not pay the annual club registration fees in full will need to complete the attached authorization form and return it to us.

### All you need to do is:

1. Mark the box before the type of account to indicate whether your payment will be deducted from your checking or savings account, or credit card.
2. Fill in your financial information for your selected payment method.
3. Sign and date the form.  
*If paying by checking or savings account, attach a voided check for verification of all financial information. If you are unable to attach a voided check, please verify all account information is accurate with your banking institution.*

### Please complete the information below.

I authorize the Des Moines Menace Academy to initiate electronic debit entries to my:

\_\_\_\_\_ checking account (or) \_\_\_\_\_ savings account (or) \_\_\_\_\_ credit card

for payment of my annual academy registration fees (including the initial deposit and subsequent monthly payments).

I acknowledge that the origination of the ACH transactions to my account must comply with provisions of U.S. law. This authority will remain in effect through May 31, 2012 unless I earlier cancel it in writing.

### Checking or Savings Information

FINANCIAL INSTITUTION NAME (please print)	_____
FINANCIAL INSTITUTION CITY AND STATE	_____
ACCOUNT NUMBER AT FINANCIAL INSTITUTION	_____
FINANCIAL INSTITUTION ROUTING NUMBER	_____

### Credit Card Information

CREDIT CARD TYPE:	_____ VISA	_____ MC	_____ AMEX	_____ Discover
CREDIT CARD NUMBER	_____	EXPIRATION DATE	__ / __ (mm/yy)	
NAME AS IT APPEARS ON THE CARD	_____			

PRINT Name \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_