



The Courthouse



Authorization for Automatic Payments from Checking Account or Credit Card

Member Name: _____ Name on check/credit card: _____ CH Acct #: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Bank Name: _____ City: _____ State: _____

Checking Account # _____ (Please attach a voided check)

OR

Type: VISA MC AMEX Discover Card # _____ Expiration Date: _____

I hereby authorize the above named Financial Institution to pay my monthly Courthouse bill (including monthly dues and other authorized items charged to my Courthouse account) by charging each payment to my checking account and to make that deduction payable to the order of The Courthouse. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my checking account. I understand, however that both the Financial Institution and The Courthouse reserve the right to terminate this payment plan (or my participation therein).

Signature: _____ Date: _____ Begin Date: _____

CH Acct #: _____ Code: _____ Start Date: _____ Processed by: _____ Date: _____