



DIRECT PAY PROGRAM

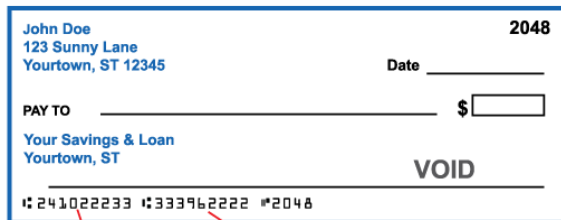
AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT

Personal Information

Name (Last, First, Middle)			Date
Service Street Address			AWHR Account Number
City	State	Zip Code	Home Telephone
Mailing Street Address (If Different From Above)			Email Address
City	State	Zip Code	

Financial Information

Name of Financial Institution	
Institution's Street Address	
City	State Zip Code
Bank Routing Number <i>(Must be a 9-Digit Number)</i>	Bank Account Number
Checking <i>(Enclose a Voided Check)</i> <input type="checkbox"/>	Savings <i>(Enclose a Voided Deposit Slip)</i> <input type="checkbox"/>



241022233
Routing Number

333962222
Accounting Number

Return This Form to:
ACH Debit Processing Center
11 Grandview Circle, Ste. 100
Canonsburg, PA 15317

By signing this form, you are authorizing us to automatically debit your account for the amount of your total monthly payment, as well as a one-time payment (if necessary) to cure any past due balance on your account as indicated on your statement. We are authorized to debit your account on your due date until we receive a written letter, signed by you, instructing us to cancel or change it by providing us with at least five (5) business days notice prior to a scheduled withdrawal date. We may cancel this agreement at our option if one (1) or more bank returns are received. **VARYING AMOUNTS:** The amount of your monthly payment amount may vary slightly due to changes to your local sales tax. The total monthly payment amount, including sales tax, will always appear on your statement as the "total payment due". If, upon receipt of a statement, you wish to cancel your automatic payment, please contact us immediately at the 800 number listed on your statement.

I agree that my Financial Institution is not responsible for the correctness of any direct debits or credits to my account made by AWHR, and shall not hold it liable for debiting or crediting my account accordingly.

This authority is to remain in full force and effect until the Company or Customer has given notification of termination in such time and in such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. I understand that I (we) may terminate this agreement by giving written notice to AWHR. I may give such termination notice at any time, but must allow AWHR a reasonable time (30 days) after receipt to act upon such request.

Signature _____

Date _____