

Auto Pay Option: Please complete form and **sign your name** below

I authorize Amerinational Management Services, Inc., to automatically deduct from the information furnished below under the company's Pre-authorized Payment Plan (checks/electronic fund transfers, Visa, MasterCard, American Express, or Discover).

Name on Account _____

Billing Address _____

AMS ACT. NUMBER

******* My payment will be processed the business Day Before when drafting date falls on a Weekend or a Holiday *******

<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
Bank Name _____	
City _____ ST _____ Zip _____	
Routing Number: _____	
Account Number: _____	

<input type="checkbox"/> Credit Card
VISA MC AmEx DISC
Card #: _____
Expiration Date: _____
Sec Code: _____

Subject to the following conditions:

1. The payment will be drawn on or about the due dates of the agreement/contract; the transactions on my bank statement will constitute receipts for payment on my account.
2. If I want to change the method of payments for this plan, I must notify AMS in writing at the address below.
3. Making payments under this Plan may be revoked by the AMS if any item is not paid upon presentation. At that time a payment booklet will be issued to me, which may incur additional fees.
4. This Plan, if canceled, does not release me from my obligation (Promissory Note / Contract / Agreement).
5. A service charge of \$20.00 minimum will be assessed to all insufficient drafts, checks, electronic fund transfers, or charge cards.
6. It is my responsibility to furnish new Bank or Credit Card information, expiration date, signature panel code, etc., and the new information will replace the old information on the account.

Date

Account Holder Signature

PLEASE ATTACH A VOIDED CHECK WITH THIS FORM and Please return via:

Postal: Amerinational Management Services, Inc. or Fax: 407.896.1392
P.O. Box 149006, Orlando, FL 32814-9006