



1001 Warrenville Road * Suite 210 * Lisle, Illinois 60532 * Phone 630/353-0312 * Fax 630/353-0030

AUTHORIZATION FORM

AUTOMATIC BILL PAYMENT FORM
(Please Print)

(Name as shown on your statement)

(Account number shown on your statement)

(Address as shown on your statement) (City) (State) (Zip)

(Name of Financial Institution) (Branch)

(Address of Financial Institution) (City) (State) (Zip)

Please deduct my Automatic Bill Payment from my:

(Checking Acct. Number)

OR

(Savings Acct. Number)

(ABA/Routing Number) - 9 digits

I (we) hereby authorize FINANCIAL MANAGEMENT SERVICES, INC. to initiate a debit entry to my (our) checking/savings account at the depository financial institution named above in the amount of _____ and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

(Signature)

(Date)

Phone number you can be reached at: _____

Please fax back to FMSI / Pro-Power at (630) 353-0030 for immediate payment processing.

Thanks.