

PAYMENT SET UP INFORMATION FORM

FIRST NAME:

LAST NAME:

STREE ADDRESS:

CITY/STATE/ZIP:

PHONE NUMBER:

**IF YOU WOULD PREFER TO RECEIVE PAYMENT VIA DIRECT DEPOSIT, I WILL NEED THE FOLLOWING
INFORMATION OR A COPY OF A CANCELLED CHECK.**

BANK NAME: _____

CHECKING OR SAVINGS? _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____