



CENTURY SPRINGS
PO BOX 275
GENESEE DEPOT WI 53127
WWW.CENTURYSRINGS.COM
1-800-825-7873

AUTO PAYMENT AUTHORIZATION

This letter is to acknowledge that Century Springs is hereby authorized to charge our bank/credit/debit account for our monthly purchases and provide an emailed copy of my monthly statement.

Acct Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Century Springs Acct No: \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Signature: \_\_\_\_\_

Check one: [ ] Bank Acct Debit (ACH) [ ] Credit/Debit Card

Bank Payment Info - Please make payment from the following bank account:

Check one: [ ] CHECKING [ ] SAVINGS

Bank Name: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_

Account No: \_\_\_\_\_

Bank Tel. No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Bank Contact Name \_\_\_\_\_

A blank check from the account marked "VOID" is helpful, but not required.

Credit Card Info - Please make payment from the following card:

Check one: [ ] VISA [ ] MC [ ] DISCOVER

Card No \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Card Billing Address Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

City St Zip: \_\_\_\_\_

Mail-In or Fax completed form to 262-968-2649