

Authorization for Automatic Payment by Direct Debit

Please provide the following information:

Bank/Financial Institution: _____

Name on Account	Account Number	Bank Routing Number
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Total Pledge _____ Payable Amount/Withdrawal: _____

Payable as follows:

- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually

For:

- 3 years
- 2 years
- Other

Total # Payments: _____

Signature: _____

Date: _____

Stock Gift

Name of Stock: _____

Number of Shares: _____

Credit Card Payment

Credit Card Type: Master Card Visa Discover AMEX

Credit Card Number: _____

Card Expiration Date: _____ (mm/yy)

Signature: _____

Date: _____