METHOD OF PAYMENT

	IF PAYING BY ELECTRONIC CHECK, PLEASE PUT THE FOLLOWING INFORMATION BELOW			
	BANK NAME			
	ACCOUNT #			. — — — — — — —
	BANK ROUTING #			
	BANK FRACTION	NAL ROUTING NUMB	BOTTOM #	
	CHECK #	CHECK #	CHECK #	CHECK #
	PLEASE ATTACH A VOID COPY OF YOUR CHECK			
City:			State:	Zip:
Phone:			Cell:	
Ema	il:			
Signa	ature:	Cardholder	D	ate: