

# Pay By Bank

Fill out this form completely, detach and return with your next SRT bill. Continue to pay until "Pay By Bank" is in the amount due box.

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Name (please print)

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Address

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City State

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Telephone number

SRT account number

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Name of bank or financial institution

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Bank routing number

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Bank account number

Please take my payments directly from my:

- Checking account (you must attach a voided check)**
- Savings account (you must attach a deposit slip)**

If you currently receive more than one billing statement from SRT, please note: it will be necessary to complete a **Pay By Bank Card** for each account.

I hereby authorize SRT to initiate entries to my checking/savings account identified on the attached voided check or savings deposit slip for payment of my outstanding account balance with SRT.

I also authorize the financial institution listed above to pay these amounts as initiated by SRT from my checking/savings account.

**X**

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**Authorized signature on my account.**

*Note: signature must match name on the account.*

**Pay by Bank** is a free SRT service to make payments easier. You can stop **Pay by Bank** by notifying SRT in writing. SRT has the right to cancel your use of **Pay by Bank** at any time. You must reapply if you change banks.

## Credit Card Authorization

I authorize SRT to bill my credit card monthly. This authority will remain in effect until I notify you in writing to cancel it in such a time as to afford the credit card company to act on the request.

Type of credit card – please check one

- Debit    Credit  
 Visa    MasterCard    Discover    Am Express

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Cardholders Name (please print)

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Address

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City            State

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Telephone number

SRT account number

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Credit card number

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Exp date

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Customer name (as it appears on bill) – please print

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Telephone number

SRT account number

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Customer address – please print

**X**

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**Signature**

**Date**

Payment will be posted on the due date listed on your statement. Simply include this completed form with your SRT payment stub in the envelope provided.



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