



2018 - 2019

Please HELP us by signing up for monthly or quarterly payments from your checking account (preferred) or with a credit card.

Billing Preference

I'd like to be billed: Monthly Quarterly Annually in month of _____

Please MAIL my statements to my HOME ADDRESS

Please EMAIL my statement to: _____

Please send my bill to a third party:

Name: _____

Address: _____

City/State/ZipCode: _____

Payment Preference

Preferred Method - Sign me up for automatic draft (ACH) from my checking account on the 15th of the month (Please attach a voided check)

Routing #: _____ Account #: _____

I would like to pay with the following credit card:*

Mastercard VISA

Card Number: _____

Expiration: _____ 3 Digit Security Code on Back: _____

By checking this box I give OST permission for my ACH or Credit Card payments to be adjusted according to my current balance due and my selected payment options (Quarterly/Monthly)

* A 3% Service Charge will be added to your total on all credit card charges.