

Save Time and Money with Emptychair EZPay.

YES! I want the convenience of Automatic Payment Withdrawal.

Please Print.

Emptychair Account Number: _____

Name On Emptychair Account: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Check One Checking Savings

IMPORTANT: PLEASE RETURN A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP WITH THIS FORM TO ENSURE ACCURATE PROCESSING.

I authorize Emptychair to begin deductions from my account with the financial institution named for payment of my Emptychair bills. I understand that I have the right to cancel automatic payment of my Emptychair bills by providing timely written notice to Emptychair and / or my designated financial institution prior to the time my account is charged. I understand that Emptychair and / or the financial institution indicated reserve the right to end this payment plan and my participation therein.

Signature: _____

Date: _____