

WYSE™ Automatic Payment



Name: _____ Account Number: _____

Align offers an automatic payment plan, WYSE, which will save you a check and a stamp. Call or complete the information below and return this letter with a voided check or savings account slip.

Please check the appropriate line:

Withdraw your payment only when it is due?
Payments will not be withdrawn if you are postponing payments, paid ahead, or past due.
We will only withdraw your normal payment amount.

Withdraw your payment every month?
Payments will be withdrawn even if you are postponing payments, paid ahead, or past due.
You may request we withdraw an amount different than your regular monthly payment.

If you would prefer a different amount, please specify. \$ _____

Account Type (Check one): Checking Savings

Routing #: _____

Account#: _____

Choose Date of Withdrawal (Check one): 5th 10th 15th 20th 25th

By signing below you authorize Align to initiate automatic withdrawals from the account you specified above. If your account is past due, it will be placed in forbearance to bring it current and any interest will be capitalized.

Account Holder Name / Signature: _____

Customer Signature: _____

Please contact an Align associate if you have any questions or need further assistance. Associates are available Monday through Thursday, 8:00 am to 5:00 pm (MT) at 800-999-6541.

Mail or Fax this completed form to:

Align
1401 Airport Parkway, Suite 300
Cheyenne, WY 82001-1543

Fax #: 307-778-3943