



# MEMBER PAYMENT

**FILL CENTERS USA**  
281 S. Main Street, Suite B  
Snowflake, Arizona 85937  
Phone (866) 345-5872  
Fax (928) 536-7664  
www.fillcentersusa.com

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

## CREDIT CARD

Name (As it appears on Credit Card) : \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize Fill Centers USA to bill my credit card. AMOUNT: \$ \_\_\_\_\_

MasterCard                       Visa                       American Express                       Discover Card

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_ (MM/YYYY)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKING INFORMATION

Name on Check: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank City: \_\_\_\_\_ Bank State: \_\_\_\_\_

Fraction Code: \_\_\_\_\_

(Example 5-215/1011)

Located at top right of check



Check Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Check Memo: \_\_\_\_\_

Other Comments: \_\_\_\_\_