



Wilsonville, OR

Ontario, CA

Elkhart, IN

Grand Prairie, TX

NTP Distribution is pleased to offer you a new service – The Direct Payment Plan. Now you can have your payments deducted from your checking or savings account and you will not have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan has several advantages to help you:

- It saves time – fewer checks to write and mail.
- Helps pay your bill in a convenient and timely and manner even if you're on vacation or out of town.
- Your payment is always on time – it helps maintain good credit.
- It saves postage - many companies spend large amounts on postage.
- It's easy to sign up for and easy to cancel.

Here's how the Direct Payment Plan works:

Your payments will be made on the day you specify NTP to deduct the funds and proof of payment will appear on both your bill as well as the statement you receive from your financial institution. Please complete the authorization form below to register for this service.

After completing this form you can authorize payments to be deducted from your checking or savings account at any time. When you are ready to approve a payment just call our Credit Department at 800-547-8045 to let us know the specific date and the amount you would like deducted for payment. Then, just sit back and relax.

Direct Payment Authorization Form

I Authorize NTP Distribution to initiate electronic debit entries to my:

___ checking account (or) ___ savings account

For payment of my statement and or invoices:

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____ NTP Account Number _____

(Do you have a fraud filter on your bank account? If so, contact your bank and add NTP Distributions ACH ID Number 1931192821 to the list so that we will be allowed to debit your account upon your request).

Financial Institution Name

Account Number at Financial Institution

Financial Institution Routing Number

Financial Institution City and State

Print Name/Title

Signature

Please fax this form back to 503-570-5433

Attention: Credit Department.