



Organization Name: _____

Street Address: _____

City _____ State _____ Zip _____

Primary Contact for Education Club Correspondence:

Name: _____ Title: _____

Phone: _____ Email: _____

Authorized Company Executive:

Print Name: _____ Title: _____

Signature: _____ Date: _____

AMOUNT ENCLOSED \$ _____

PAYMENT OPTIONS

ACH DEBIT

_____ R/T #

DDA Account # G/L Account #

ACH CREDIT

UPIC Routing #121301028, Account #0001-103830. Use CCD format.
Complete in Batch Header Recorder:

- (1) Company Name
- (2) Company Discretionary Data (Include Last Name and First Initial)
- (3) Company Entry Description (Specify MEMBERSHIP)

Date of Credit ___/___/___

CREDIT CARD Visa Mastercard American Express

_____ Name

_____ Card #

_____ Expiration Date

_____ Billing Address

_____ Signature

SEND A CHECK with this order form for the full amount made payable to Western Payments Alliance

Package	Amount	Total
Advantage	\$2,500	
Plus	\$1,800	
Standard	\$675	

Advantage
50 Points
\$2,500
33% Discount

Plus
30 Points
\$1,800
20% Discount

Standard
10 Points
\$675
10% Discount