

Would you like to save \$\$ each month?



Here's your chance...
bank drafting.

That's right. You can have your monthly amount due deducted right from your checking or savings account and receive a \$1.00 discount on your monthly statement EVERY single month.

*As an added bonus, also sign up for paperless statements (receive your bill electronically by email notification) and you will receive an additional \$1.00 OFF per month for a total of **\$2.00 savings every month!***

It's that easy.

To register, fill out the form on the back of this insert and return to our office.

*If you have already signed up for paperless statements and/or bank drafting, these discounts have already been applied to your account. If you have any questions, please contact our office.

Authorization Form Direct Debit of Account

Name _____ SSN # _____
Last First Middle

Check Applicable Election:

- New Participant** - Complete and sign this form. **Attach a voided check for each account or a deposit slip if account does not use a check.**
- Change of Account and/or Financial Institution** - Complete and sign this form. **Attach a voided check for new checking account or deposit slip for new savings account.**
- Cancel Participation** - Sign this form.

Select Primary Account:

Checking Account # _____ Savings Acct # _____
Bank Routing/Transit # _____ Payment Period Once monthly before due date
Dollar amount to be debited per payment period: \$ Amount Due
Financial Institution _____
City and State _____

Authorization Statement:

I hereby authorize _____ and the financial institution above to debit my account electronically or charge my credit card each payment period. This authority will remain in effect until I have signed a new authorization, or upon cancellation of participation. I (we) agree to fully comply with all aspects of U.S. law.

Signature

Date

Cancellation:

In order to properly cancel this authorization, you must notify _____
at the following address:

You are entitled to receive a copy of this completed authorization.

In order to start receiving paperless billing, please fill out the following:

Preferred Email Address: _____

Birthdate: _____

Please choose **ONE** of the following security questions and provide the answer:

What is your favorite food? _____ What is your high school mascot? _____

What is your pet's name? _____ Name of town your father was born? _____