

# *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.

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*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!***

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**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? \_\_\_\_\_