ACH Direct Payment Authorization

We are pleased to offer you a new service - the Direct Payment Plan. Now you can have your payment made automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- ✓ it saves time - fewer checks to write
- ✓ helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town
- ✓ no lost or misplaced statements, your payment is always on time - it helps maintain good credit
- ✓ it saves postage
- ✓ its easy to sign up for, easy to cancel
- ✓ no late charges

Here's how the Direct Payment Plan works: You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear with your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize _____
(COMPANY NAME)

to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

_____
(NAME OF FINANCIAL INSTITUTION)

_____
(CITY) (STATE) (ZIP CODE)

_____
(SIGNATURE) (DATE)

_____
(NAME - PLEASE PRINT) (EMAIL ADDRESS)

_____
(ADDRESS - PLEASE PRINT)

☐ Checking or ☐ Savings

TRANSIT ROUTING NUMBER

⑆ | | | | | | | | | ⑆
ABA

ACCOUNT NUMBER INFORMATION

| | | | | | | | | | | | | | | | | |

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RETAIN FOR YOUR RECORDS

On _____ I authorized
(DATE)

_____
(COMPANY NAME & DEPT.)

_____
(ADDRESS) (PHONE)

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Initial payment amount: $ _____

Regular payment date: _____

(If payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.)