

# ATTACH VOIDED CHECK TO THIS FORM

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

- \_\_\_\_\_ Withdraw full amount on the 1<sup>st</sup>
- \_\_\_\_\_ Withdraw full amount on the 15<sup>th</sup>
- \_\_\_\_\_ Withdraw four equal payments each Friday

The Direct Payment Plan will help you in several ways:

- It save 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's easy to sign up for, easy to cancel

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. 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 via your statement. 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 on any entry by notifying my financial institution 3 days before my account is charged.

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION) (BRANCH)


\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(SIGNATURE) (DATE)

\_\_\_\_\_  
(NAME – PLEASE PRINT)

\_\_\_\_\_  
(ADDRESS – PLEASE PRINT)

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_ (BETWEEN THESE SYMBOLS  ON THE BOTTOM LEFT OF YOUR CHECK)

## 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 \$ \_\_\_\_\_ (If payment amount changes we will notify you at least 10 days before the regularly scheduled  
Regular payment date \_\_\_\_\_ payment date)