ACH Direct Payment Authorization

We are pleased to offer you a new service - the Direct Payment Plan. Now you can have your payment automatically deducted 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 debit 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. (NAME OF FINANCIAL INSTITUTION) (BRANCH) (CITY) (STATE) (ZIP CODE) (NAME AS IT APPEARS ON YOUR ACCOUNT - PLEASE PRINT) (SIGNATURE) (DATE) Initial payment amount: \$ _____ Regular payment date ____ ☐ Checking or ☐ Savings TRANSIT ROUTING NUMBER ACCOUNT NUMBER INFORMATION 1; Please attach a voided check RETAIN FOR YOUR RECORDS On _____I authorized (COMPANY NAME & 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 Regular payment date_____ scheduled payment date.)