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.

STAPLE VOIDED CHECK HERE

## AUTHORIZATION FOR DIRECT PAYMENT

I authorize _____ and the financial institution named
(COMPANY NAME)
below 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 financial institution 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) (BRANCH)

_____
(CITY) (STATE) (ZIP CODE)

_____
(SIGNATURE) (DATE)

_____
(NAME — PLEASE PRINT) (UTILITY ACCOUNT#)

_____
(ADDRESS — PLEASE PRINT)

Account No. _____ Checking _____ or Savings _____

Financial Institution Routing Number _____
(between these symbols ⑆ ⑆ on the bottom left of your check)

***Draft Authorization for a minimum of 12 consecutive months. _____***

## RETAIN FOR YOUR RECORDS

On _____ I authorized
(DATE)

City of Gatesville
(COMPANY NAME & DEPT.)

803 E Main GATESVILLE TX 76528
(ADDRESS)

PHONE 254-865-8951 EXT 101 OR 103

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 the company at any time by writing to the address above.

Initial payment amount: $ VARIABLE (if payment amount changes we will notify you at least 30 days before the regularly scheduled payment date.)

Regular payment date 10th