



317 Green Bay Road
Sturgeon Bay WI 54235
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Direct Payment Authorization Form

We are pleased to offer you a new service – the Direct Payment Plan. Now you can have your payment deducted 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 and mail
• Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town
• Your payment is always on time – it helps maintain good credit
• It saves postage – many people spend close to \$100 a year on postage
• It's 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 on 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 the payment date. If funds are not in your account when we try to transfer the money you will be charged a NSF fee of \$45.00. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this free service, complete the attached authorization form and return it to us.

All you need to do is:

- 1) Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2) Fill in your name, financial institution name and location, and date
3) Attach a voided check for verification of all financial institution information.

NOTE: Please be sure to sign the form!

Please complete the information below and return to the Door County Co-op.

I authorize the Door County Cooperative to initiate electronic debit entries to my:

Checking account (or) Savings account

Monthly Statement Balance (10th of month)

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled in writing.

Date:

FINANCIAL INSTITUTION NAME (PLEASE PRINT)

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

FINANCIAL INSTITUTION ROUTING NUMBER

FINANCIAL INSTITUTION CITY AND STATE

SIGNATURE

Signature

Print Name

Co-op Account #