

AUTO-PAY AGREEMENT
Choose from Checking/Savings or Credit Card

- Saves you time and money with no checks to write, no stamps and no envelopes
- It's the safest way to pay your bills – no check to get lost, stolen or delayed in the mail
- Your payments are accurate and on time, even if you are out of town or on vacation
- Deductions will be made on the **10th** or **30th** of each month – Your Choice!
- Best of all, the AUTO-PAY WITHDRAWAL is a FREE service to all our customers
- Auto-Pay is automatically renewable unless a written notification is received

• Circle the type of card you are using: **VISA** **MASTERCARD** **DISCOVER**
Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date: _____ / _____ V-Code: _____
(Last 3 digits on back of card in the signature box)

OR

- Choose one account from which the payment will be deducted automatically from:
 - Checking Account, Financial Institution Name: _____ *(Attach a Voided Check)*
 - Savings Account, Financial Institution Name: _____
(Enclose a deposit slip that includes your account number and your financial institution's identification number)

Name on the account if different from customer name: _____

I elect to have \$ _____ deducted on the **10th** or **30th** of each month *(please circle one date)*

Name:	Account No:
Address:	Telephone No:
Address:	
City, State, Zip:	

Yes, sign me up for Automatic Payment by the method I have chosen above:

I (we) hereby authorize Federated Co-ops, Inc. to initiate debit entries to my (our) account and the financial institution listed above, herein called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until Federated Co-ops, Inc. has received written notification from me (or either of us) of its termination in such time and manner as to afford Federated Co-ops, Inc. and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Authorization form must be signed by all account holders:

Signature	Date
Signature	Date