



Ketchikan Gateway Borough Direct Payment Authorization

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.
- 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.
- 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. 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.

All you need to do is:

1. Mark the box before the 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. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Ketchikan Gateway Borough to initiate electronic debit entries to my:

checking account savings account

on a monthly quarterly basis for the following accounts:

_____	\$	_____	\$	_____
KGB Account Number		Amount to be debited		KGB Account Number
				Amount to be debited

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 it in writing. Currently, this ACH transaction will take place on the 15th day of the month indicated.

STAPLE VOIDED CHECK HERE

Date _____

Name on Bank Account (Please Print) _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing Number _____

Financial Institution City and State _____

Signature _____ Date _____