



## Automatic Payment Plan

*If you're looking for an easier, faster, and more reliable way to make payments, the automatic payment plan is for you. Companies and the government use the ACH network to transfer money electronically each day and now so can you with the automatic payment plan, a service provided by AgState.*

Here's why the automatic payment plan can improve how we do business together:

- The automatic payment plan is dependable, accurate, on time, safe and confidential.
- The automatic payment plan gives you greater control over your finances and provides the record keeping you need.
- The automatic payment plan simplifies your life by giving you peace of mind. Payments are made no matter where you are – no more worrying about remembering to pay a bill or a payment being lost or delivered on time.

Here's how the automatic payment plan can work for you:

- Once you sign up for the payment plan, you won't have to write a check for payments.
- While you will still receive a statement each month, your payment is automatically taken out of your bank account on the statement due date, so it is easy to track.
- If you have questions regarding a bill, you still have ample time to call and resolve your concerns.

Sign-up for the automatic payment plan is easy: simply provide the information below, sign the form at the bottom and return this page and a voided check (if applicable) to: AgState, PO Box 499, Cherokee, IA 51012.

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (Please type or print)

Customer/Account Name \_\_\_\_\_

Customer Email Address \_\_\_\_\_

Name of Bank \_\_\_\_\_ Bank City/State \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

### PLEASE ATTACH A VOIDED CHECK

The undersigned hereby authorizes AgState ("Retailer") to initiate debit entries to the bank account described above and to debit the same such account. The undersigned acknowledges that the origination of ACH transactions to its account must comply with the provisions of United States law. This authorization is to remain in full force and effect until the Retailer has received written notification from the undersigned of its termination in such time and in such manner as to afford the Retailer and the Bank a reasonable opportunity to act on it, which shall be no earlier than five (5) business days after the receipt of such notice by the Retailer. The undersigned understands that this authorization will terminate upon the Bank and/or the Retailer providing the undersigned with five (5) days advance written notice of their desire to terminate this authorization.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

AgState Customer Number \_\_\_\_\_ 4/2023