

**W**e 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.

**Here's how the Direct Payment Plan works:**

You authorize regularly scheduled payment 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 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

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 authorization form below and return it to us.

**HONORARY MEMBERSHIP  
AUTHORIZATION FOR DIRECT PAYMENT**

I authorize **Mendota Mdewakanton Dakota Tribal Community (MMDTC)** and the financial institution named 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.

<b>STAPLE VOIDED CHECK HERE</b>	Date:	Your Phone Number:	
	(NAME OF FINANCIAL INSTITUTION, BELOW)		(BRANCH)
	(CITY)	(STATE)	(ZIP CODE)
	(SIGNATURE)		(DATE)
	(NAME – PLEASE PRINT BELOW)		
	(ADDRESS – PLEASE PRINT BELOW)		
	Email:		
	Account No.:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
	Financial Institution Routing Number:		
	(On the bottom left of your check)		

**RETAIN FOR YOUR RECORDS**

On \_\_\_\_\_ I authorized Mendota Mdewakanton Dakota Community (651-452-4141), to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization at any time by writing to: MMDTC, PO Box 50835, 1351 Sibley Memorial Highway, Mendota MN 55150.

Payment amount: \$20.00	If payment amount changes, we will notify you at least 10 days before the regularly scheduled payment date.
Regular payment date: 5 <sup>th</sup> of each month	