

Direct Debit Enrollment Form

Instructions: Complete the form below and attach an unsigned and voided check from this account to assist TIT verifying data.

Name of Member _____
(Last, First, Middle Initial)

Type of Depositor Account

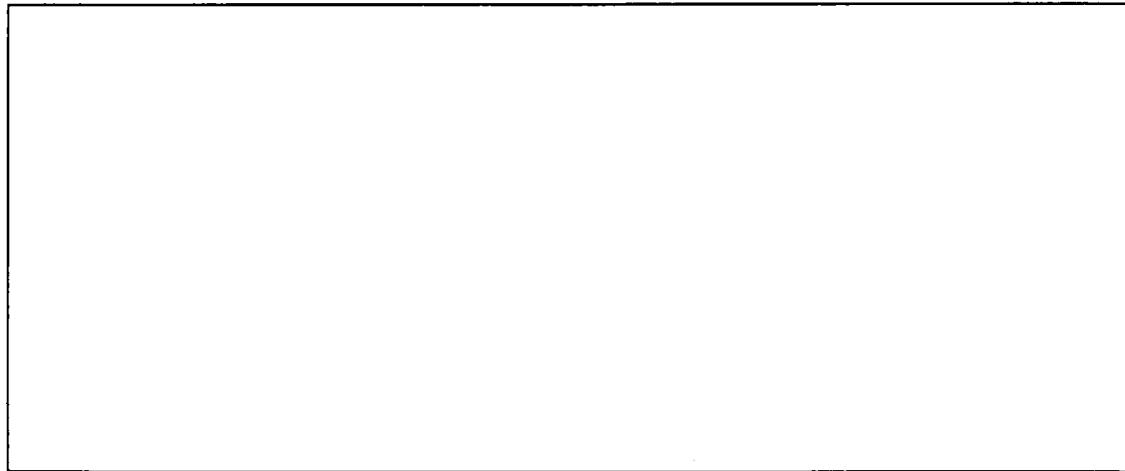
Checking Savings

Depositor Account Number

Name and Address of Financial Institution

Routing Number

Attach copy of voided check



I authorize (Company) to initiate debit entries to my checking account indicated above and the financial institution named above. I further (Company) to initiate credits to my account to correct any errors, and the financial institution above to initiate any such corrections to my account.

This authority is to remain in full force and effective until (Company) has received written notification from me of its termination in such time and in such manner as to afford (Company) a reasonable opportunity to act on it prior to depositing to the account.

Signature

Date