



Enjoy All the Great Benefits of **Auto Pay** by Signing Up **TODAY!**

ENROLLMENT FOR AUTO PAY LOAN BILLING

LOAN NUMBER: _____

NAME (Must be a signer on the loan): _____

SOCIAL SECURITY NUMBER: _____

EMAIL ADDRESS (REQUIRED): _____

By returning this form, your regularly billed payment amount will be deducted from the account below on your Payment due date effective with the next billing cycle after we receive this form:

ACCOUNT TO DEBIT: _____ CHECKING SAVINGS

IS THIS A CITIZENS NATIONAL BANK ACCOUNT? YES NO

IF NO, BANK NAME: _____

BANK ROUTING NUMBER: _____

DATE OF TRANSFER (If different than loan due date): _____

If you would like a different amount debited than your regular amount due, please designate below.

AMOUNT TO BE TRANSFERRED: \$ _____

You have the option to receive your monthly Loan Billing Statements in either paper or electronic form. If you choose to enroll in Auto Pay with this form, you will receive your monthly Loan Billing Statement as an Online document where your bill is available for you to download through Online Banking. We will send you an email when your bill is available. Please notify the bank by updating your profile through Online Banking or call 1-800-262-4663 should your email address change. You have the right to withdraw this request for electronic delivery at any time. If you decide to make this request, please contact the bank. You may request a paper copy of a monthly Loan Billing Statement that has been delivered to you electronically. A fee may be charged for this request. Please contact the bank for current applicable fees.

Software/System Requirements to receive your monthly Loan Billing Statment

- 1) Have access to an email account
- 2) Be signed up for Online Banking
- 3) Software and system requirements capable for Online Banking access necessary for electronic online retrieval. Version needs to be at a minimum of the following:
 - Microsoft Internet Explorer version 7.0 or higher, Mozilla Firefox version 3.5 or higher, Opera version 10.0 or higher, Google Chrome 9.0 or higher, Apple Safari version 5.0 or higher

By signing this form, I elect to obtain my monthly Loan Billing Statement in electronic form. Effective immediately, I request that Citizens National Bank discontinues mailing me paper monthly Loan Billing Statements via the U.S. Postal Service for this loan.

SIGNATURE: _____ DATE: _____

Return Form By Mail To: Citizens National Bank
Attn: Marketing
PO Box 88
Bluffton, OH 45817

