

Please return this letter with your payment in the enclosed envelope.

Telephone Number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

| OFFICE USE ONLY |  |                  |  |
|-----------------|--|------------------|--|
| Date Paid       |  | Expiration Date  |  |
| Amount Paid     |  | Entered in Circ. |  |
| Check #/CC/Cash |  | Entered in MSG   |  |

**SAUK CENTRE HERALD**

## Automatic Payment

*An easy way to pay*

*Pay with autopay monthly, quarterly or yearly!*

For your convenience, we can now put your subscription on automatic renewal by electronic check or credit card. If you would like to set up automatic payment, please fill out the electronic check or credit card information on the back of this letter.

| Sauk Centre Herald | Subscription for:                                | 1 YEAR  | 2 YEARS  | 3 YEARS  | ONLINE ONLY |
|--------------------|--|---------|----------|----------|-------------|
|                    | Stearns, Todd Douglas, Pope or Morrison Counties | \$53.00 | \$98.00  | \$144.00 | \$35/yr.    |
|                    | Elsewhere in Minnesota                           | \$60.00 | \$112.00 | \$165.00 | \$35/yr.    |
|                    | Out of Minnesota                                 | \$63.00 | \$118.00 | \$174.00 | \$35/yr.    |

**NO REFUNDS**



*Add a \$25 Country Acres subscription with your renewal for a total of:*

| Country Acres                                    | 1 YEAR  | 2 YEARS  | 3 YEARS  |
|--|---------|----------|----------|
| Stearns, Todd Douglas, Pope or Morrison Counties | \$78.00 | \$148.00 | \$219.00 |
| Elsewhere in Minnesota                           | \$85.00 | \$162.00 | \$240.00 |
| Out of Minnesota                                 | \$88.00 | \$168.00 | \$249.00 |

## To enroll in Auto-Payment

Please fill out the information below.

### MAKE SURE THAT YOU:

- Sign your name and date this form where indicated.
- Enclose a voided check with your address on it if you are using electronic payment
- Make a copy of this form for your records
- Mail it in the enclosed envelope to:

Star Publications, 522 Sinclair Lewis Avenue, Sauk Centre, MN 56378

OR email lorie@saukherald.com

OR call Lorie at 877-396-6577 or 320-352-6577

### Electronic Check

*Must enclose voided check*

#### **AUTOMATIC DEBIT AUTHORIZATION FORM**

**Name(s) on Account** *(If different from person listed on back)*

\_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Name of Financial Institution**

\_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**This is a:**  **Checking Account**  **Savings Account**

I hereby authorize Star Publications to initiate entries to my account at the institution names on the enclosed voided check, and authorize that institution to debit my account for my subscription. This authorization will remain in effect until I terminate it, allowing Star Publications and my bank to cancel. I have the right to stop payment on an individual entry or to have entries corrected by timely notification to my financial institution. Star Publications also has the right to cancel this agreement for insufficient payments to my account.

- Yearly** (On the 10th of the month due)
- Quarterly on the next 10th of the month and every three months after the unless cancelled**
- Monthly on the 10th of the month and every month after unless cancelled.**

**Signature of account Holder**

X \_\_\_\_\_

**Date** \_\_\_\_\_

### Credit Card

**Name(s) on Card** *(If different from person listed on back)*

\_\_\_\_\_

**Type of card**  **Visa**  **Mastercard**  **Discover**

**Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**CRR Code on back of card** \_\_\_\_\_

**I authorize my credit card to be charged:**

- Yearly on the date of** \_\_\_\_\_
- Quarterly on the date of** \_\_\_\_\_  
**and every three months after the unless cancelled**
- Monthly on the date of** \_\_\_\_\_  
**and every month after unless cancelled.**
- One time only**

**Signature of card Holder**

X \_\_\_\_\_

**Date** \_\_\_\_\_

\_\_\_\_\_ **OFFICE USE ONLY** \_\_\_\_\_

Circulation \_\_\_\_\_

Entered \_\_\_\_\_

Set Schedule \_\_\_\_\_

**THANK YOU FOR ENROLLING IN AUTOMATIC PAYMENT.**