

YES!

Please sign me up for the \$5 monthly credit!

Please send my e-bills to the email address below. I want to pay my bill on the 15th of every month by:

◇ *ACH from my checking account*

◇ *Charge my Credit Card*

(Please check one of the above)

Name: _____

Email address for receipt of e-bills: _____

Password to view statement: _____

If paying by ACH include a copy of a voided check.

If paying by credit card:

Name on card: _____

Credit Card Number: _____

Visa/Master/Discover _____

Expiration date: _____

I hereby authorize SMTA charges to be added to my credit card or drafted from my checking account as indicated above.

Signature: _____ Date: _____