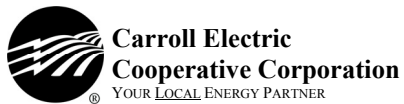


Please complete and return
with a voided check to:

**P.O. Box 4000
Berryville, AR 72616**

*Thank you for your enrollment . . . We
hope you enjoy the benefits of this
program. When your bill states
AUTO BANK DRAFT your enrollment
has become effective. Should you
have a question about your bill or the
program, call us at 800-432-9720 or
stop by one of our offices.*



AUTOMATIC BANK DRAFT

Please print

Customer Number(s)

Name(s): _____

Address: _____

Please draft my monthly bills from my: checking or savings account.

Enclosed is a: voided check

Signature: _____ Date: _____

I have the right to stop payment of charge entries by notifying the Bank prior to the time the account has been charged. This authority is to remain in effect until the Cooperative and Bank have received notification from me of its termination in sufficient time to act on it.