

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 RAPIDS 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.

	1 YEAR	2 YEARS	3 YEARS
Benton, Stearns, Mille Lacs, Morrison or Sherburne Counties	\$53.00	\$98.00	\$144.00
Elsewhere in Minnesota	\$60.00	\$112.00	\$165.00
Outside of Minnesota	\$63.00	\$118.00	\$174.00
Snowbirds	\$5/month		

NO REFUNDS



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 _____