



ACCESS AUTHORIZATION

YES, I would like to have access to my account through EZ-Pay.

ACCOUNT NO. _____

NAME _____	
ADDRESS _____	
CITY _____	STATE _____
ZIP _____	HOME PHONE NO. () _____
E-MAIL _____	

I understand that I will receive disclosures and agree to the terms of EZ-Pay, First Financial's bill payer service. Signing below amounts to executing this agreement under seal and undersigned adopts as his/her seal the word "(Seal)" appearing beside his/her signature. I agree to accept responsibility for any and all transactions by joint owner(s) or other persons authorized by me on EZ-Pay.

EZ-Pay Fees

One time sign-up fee - \$3.00

- Up to 7 bills per month \$4.00 per month
- Additional bills (over 7) \$.35 each

Ez-Pay is FREE when you maintain a \$1000 daily balance in your First Financial checking account.

(Seal)
Signature of Member _____ Date

I no longer wish to have access to my account through EZ-Pay.

(Seal)
Signature of Member _____ Date

Return this authorization by mail or drop off at your favorite branch office.