



**Volunteer Fire Department
Opt In Form**

Name: _____
Address: _____
City / State / Zip: _____
Account Number: _____

By signing below, I notify College Mound SUD that I am the authorized account holder of the above stated account and I exercise the right to Opt In to the amount of \$_____ per month added to my water bill. I want my monthly donations to go to College Mound VFD or Elmo VFD. I understand it is my right to opt out at any time I wish to stop making donations.

I understand my monthly donations will be given to the VFD of my choice as marked above, at the end of each month.

Authorized person of above account

Date Signed

Received by CMSUD employee

Date Received