The undersigned hereby notifies the College Mound SUD that he/she is the authorized account holder of the above account and that he/she exercises the right to opt out of the $1 per month fee for the Caring-Heart Membership. The undersigned acknowledges that the fee will be removed at the conclusion of the next billing cycle. As a result of opting out, I acknowledge that no one in my household will receive the benefits of the Caring-Heart Membership Program which protects families against out of pocket costs for CareFlite’s air and ground ambulance service.

__________________________________  __________  __________  __________
Signature  Date Signed

__________________________________  __________
College Mound SUD Employee Witnessing Signature Above  Date Signed

For Water Department Use Only:

☐ $1 CareFlite Membership Fee removed from account shown above on ________________
by _____________________.

□ $1 CareFlite Membership Fee removed from account shown above on ________________
by _____________________.