CareFlite®
Making precious minutes count since 1979

City of Combine, Texas

Opt Out Form

Name: _____

Address: _____

City/State/Zip Code: _____

Utility Account # _____

The undersigned hereby notifies the City of Combine 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 current 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

_____ _____

Person Witnessing Signature Above Date Signed

For City of Combine Use Only:

□ $1 CareFlite Membership Fee removed from account shown above on _____ by _____ (City Secretary).