DATE ENTERED\_\_\_\_\_

DATE DRAFT TO BEGIN\_\_\_\_\_

## **AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

I hereby authorize RURAL ELECTRIC COOPERATIVE to electronically debit monthly entries to my account(s) and my Financial Institution for payment of my electric bill(s). I acknowledge the origination of ACH transactions to my account must comply with provisions of the U.S. law. If this item is dishonored or returned for any reason, I authorize an additional debit to my electric account(s) for the maximum amount allowed by law.

Will draft the 10th of each month or next business day if it falls on	a weekend or holiday.
Name of Bank	-
Bank Routing/Transit Number	_
Bank Account Number	_
This authority is to remain in full force and effect until RURAL EI received written notice from me of its termination in such time and Financial Institution a reasonable opportunity to act on it.	
Customer Name	<u> </u>
REC Account Number(s)	<u> </u>
Customer Signature	<u></u>
Date	
Please complete the above information, sign, date and return this for We <u>CANNOT</u> set up on bank draft without the <u>VOID CHECK</u> .	orm to us along with a VOID CHECK
Rural Electric Cooperative PO Box 609 Lindsay OK 73052 405/756-3104 or 1/800/259-350	<b>M</b>
405/750-3104 OF 1/800/259-350	<del>/ 1</del>
FOR OFFICE USE ONLY:	
BANK #	