

Please tape void check to this upper left corner

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize RURAL ELECTRIC COOPERATIVE to debit monthly entries to my account indicated below and the Financial Institution named below for payment of our electric bill(s). I acknowledge the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

Name of Bank _____

Bank Routing/Transit Number _____

Bank Account Number _____

This authority is to remain in full force and effect until RURAL ELECTRIC COOPERATIVE has received written notice from me of its termination in such time and manner as to afford REC and said Financial Institution a reasonable opportunity to act on it.

Customer Name _____

REC Account Number(s) _____

Customer Signature _____

Date _____

Please complete the above information, sign, date and return this form to us along with a VOID CHECK. We CANNOT set up on bank draft without the VOID CHECK.

Rural Electric Cooperative
PO Box 609
Lindsay OK 73052
405/756-3104 or 1/800/259-3504

FOR OFFICE USE ONLY:

BANK # _____

DATE ENTERED _____

DATE DRAFT TO BEGIN _____