

**UNITED ELECTRIC COOPERATIVE  
AUTHORIZATION TO PAY ELECTRIC BILLS  
BANK DRAFT**

DATE \_\_\_\_\_

UNITED ACCT #'S \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE TO BECOME EFFECTIVE \_\_\_\_\_

BANK NAME \_\_\_\_\_

BANK TOWN \_\_\_\_\_ STATE \_\_\_\_\_

CUSTOMER'S CHECKING ACCOUNT NUMBER \_\_\_\_\_

CUSTOMER'S CHECKING ACCOUNT NAME \_\_\_\_\_

CUSTOMER'S PHONE # \_\_\_\_\_

**FINANCIAL INSTITUTION PAYMENT PLAN FOR ELECTRIC ACCOUNTS**

I (We) hereby authorize United Electric Cooperative, Inc., to pay and to charge my (our) account. I (We) further authorize the Financial Institution named above to pay my monthly electric bill on the 5<sup>th</sup> of each month, or the next working day if it falls on a weekend by charging each payment to my account. This authority is to remain in effect until revoked by me in writing. Until you receive and have had reasonable time to act on such notice, you shall be fully protected in honoring any United Electric Cooperative, Inc., debit against my account. I (We) understand, however, that both the Financial Institution and United Electric Cooperative, Inc., reserve the right to terminate this payment plan (or my participation therein).

**NOTE TO FINANCIAL INSTITUTION**

United Electric Cooperative, Inc., is instructed to forward this authorization to you. If the information on this document does not agree with your record, or if this arrangement is not in keeping with your procedures, please call the United Electric Cooperative Office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**NOTE: Please enclose a blank, voided check and return it along with this form to:**

United Electric Cooperative, Inc.  
PO Box 319  
Savannah, MO 64485