

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I authorize Calhoun County Electric Cooperative Association, hereinafter called Calhoun County Electric Cooperative Association, to initiate withdrawals and to initiate, if necessary debit entries and adjustments for any credit entries in error to my account at the financial institution named below for payment of my monthly bills.

I understand that three or more payments in a 12 month period resulting in overdraft of my account may result in termination of the Direct Payment plan. This authorization will remain in effect until Calhoun County Electric Cooperative Association has received written notification from me of its termination in such time and manner as to afford the Calhoun County Electric Cooperative Association and my financial institution a reasonable time to act on it.

FINANCIAL INSTITUTION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK ROUTING NO. \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ ( ) Checking ( ) Savings (select one)

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Amount of payment: Current electric bill amount

Purpose: To have Calhoun County Electric Cooperative Association and my bank take care of monthly payments.

Payment to begin: \_\_\_\_\_ and will be taken out the 20th of each month. If the 20<sup>th</sup> lands on a Saturday or Sunday payment will be taken out the following Monday.

Account Holders Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Signature of account holder: \_\_\_\_\_ Date: \_\_\_\_\_

Employees signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form by email to [info@calhounrec.coop](mailto:info@calhounrec.coop) or mail to:

Calhoun County Electric Cooperative, P.O. Box 312, Rockwell City, IA 50579