

# Automatic Bill Pay & Paperless Statement Form

Member Name: \_\_\_\_\_  
Account Number(s): \_\_\_\_\_

## Automatic Bill Pay

Financial Institution: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_  
Checking or Savings: \_\_\_\_\_

*Payments will be taken out the 20th of each month. If the 20th lands on a Saturday or Sunday payment will be taken out the following Monday.*

*I authorize 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 above effective upon arrival of this form 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 notification from me of its termination.*

## Paperless Statements

Email(s): \_\_\_\_\_  
Cell Phone Number(s): \_\_\_\_\_

*Notification when statement/payment has been received. Notification can be sent via email and/or SMS/text.*

*By completing this agreement, you specifically request, expressly consent to receive, and authorize CCECA ("the Cooperative"), its affiliates, business associates, and service providers to deliver, or cause to be delivered, emails, and SMS/text to your cell phone or email. This could result in charges to you according to your data plan. If at any point you change or obtain a new email address, or if you no longer maintain the email address you originally provided to us, you agree to notify the Cooperative immediately. Your information will not be shared with anyone outside of the Cooperative.*

Signature of Member: \_\_\_\_\_