

Automatic Bill Pay 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.

Signature of Member: _____