

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (DEBITS)

I authorize North West Rural Electric Cooperative 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 electric 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 North West Rural Electric Cooperative has received written notification from me of its termination in such time and manner as to afford North West Rural Electric Cooperative and my financial institution a reasonable time to act on it.

PLEASE NOTE THIS IS AN INTERACTIVE FORM AND MAY BE FILLED OUT USING ADOBE ACROBAT

Name: _____

Financial Institution: _____

Bank ID Number (routing or ABA number) _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ Account Type: Checking Savings

Amount of Payment: Monthly Bill Amount Purpose: Monthly Payment of Electric Bill

Payments to begin _____ and to be made on the 8th day of each month.

Name(s) on Account: _____

North West REC Electric Bill Account Number: _____

Signature: _____ Date: _____

We recommend that you also print a copy for your records. Remember to include a voided check when sending in this form. Please send completed form to:

North West REC
1505 Albany Place SE
PO Box 435
Orange City, IA 51041

For Office Use Only:

Employee Initials: _____ Date Received: _____