

**AUTOMATIC PAYMENT FOR BILLS
AUTHORIZATION FOR BANK DRAFTS (ACH DEBITS)**

I (we) hereby authorize Western Cooperative Electric Association Inc, hereinafter called COMPANY, to initiate debit entries from my (our) Checking Account indicated below, and the financial institution named below, hereinafter called BANK, to debit the same from such account. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of U.S. law.

BANK NAME _____

BANK ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO _____

BANK ACCOUNT NO _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

NAME (S) _____

COMPANY ACCOUNT NO (S) _____

DATE _____

SIGNATURE (S) _____

The COMPANY shall not be liable for any misdirected funds resulting from incorrect information supplied to COMPANY on this form.

* Please return this form along with a deposit slip or voided check from your account.