

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I authorize Calhoun County REC, hereinafter called Calhoun County REC, 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 REC has received written notification from me of its termination in such time and manner as to afford the Calhoun County REC 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)

Amount of payment: Current electric bill amount

Purpose: To have Calhoun County REC and my bank take care of monthly payments.

Payment to begin: _____ and 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.

Account Holders Name: _____ Account No.: _____

Signature of account holder: _____ Date: _____

Employees signature: _____ Date: _____