

AUTOMATIC BANK DRAFT PROGRAM

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize CRAWFORD ELECTRIC COOPERATIVE, INC., hereinafter called COOPERATIVE, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) _____ (Branch)

(Address) _____ (City-State) _____ (Zip)

(Routing/Transit Number) _____ (Account Number) Type of Acct: ___ Checking ___ Savings

Crawford Electric Account Number:

- 1. _____ - _____ - _____ - _____
- 2. _____ - _____ - _____ - _____
- 3. _____ - _____ - _____ - _____
- 4. _____ - _____ - _____ - _____
- 5. _____ - _____ - _____ - _____
- 6. _____ - _____ - _____ - _____

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

Only amounts due on account (s) listed above will be debited from the indicated bank account. It will be the member's responsibility to notify the COOPERATIVE by submitting a new form should they decide to include additional accounts.

ACH transactions that fail due to insufficient funds, closed account, etc. will be subject to a \$30.00 fee.

Participants will be notified by phone or mail when the process will begin. Once activated the draft will occur on or about the 15th of each month, excluding weekends or holidays.

Application must be received in the office prior to the 5th of the current billing month. Any application received after the 5th will not be processed until the following billing period.

(Print individual name) _____ (Print individual name)

(Print social security number) _____ (Print social security number)

(Signature) _____ (Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
(Customer retains second copy)