

RETAIN FOR YOUR RECORDS

On _____
(date)

I authorized: _____
(name of financial institution)

to pay and to charge to my account the amount of any instrument drawn on my account by and payable to the order of Woodruff Electric Cooperative Corporation. I also agreed to the terms listed on the reverse side of my authorization.

(cut here and retain top portion for your records)

Authorization Agreement for Automatic Bill Payments

PLEASE INCLUDE A VOIDED CHECK WITH THIS APPLICATION

I (We) hereby authorize Woodruff Electric Cooperative Corporation to initiate charge entries to my (our) checking/savings account indicated below at the bank named below, hereinafter call the Bank, and to charge the same to such account.

Name(s) _____

Address _____ City _____ State _____ Zip _____

Bank Name _____

City _____ State _____ Zip _____

Checking Acct. No. _____ Or Savings Acct. No. _____

This authority is to remain in full force and effect until Cooperative and Bank have received written notification from me (or either of us) of its termination in such time and manner as to afford Cooperative and Bank a reasonable opportunity to act on it. I (We) have the right to stop payment of charge entries by notifying the Bank prior to the time the account has been charged. Any erroneous or incorrect charge will be corrected upon notification of the Bank.

Date _____ **Signature** _____

PLEASE INCLUDE A VOIDED CHECK WITH THIS APPLICATION

This portion to be completed by Woodruff Electric Cooperative Corporation.

Acct. No. _____ Bank Transit/
ABA No. _____