

WANT TO AVOID WRITING A CHECK EACH MONTH?

Dear Member;

Tri County Electric is pleased to offer its' members two auto pay options for your convenience. Simply complete the ACH form below with requested information and have your electric bill automatically deducted from your checking or savings account or debit or credit card each month. Please call the office or visit our website for more details.

I (we) hereby authorize Tri-County Electric Cooperative, hereafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution names below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for payment of my monthly electric service account(s). I (we) acknowledge that the origination of ACH or ACH debit transaction to my (our) account must comply with the provision of U.S. Law. ACH bank draft transactions will occur on the 1<sup>st</sup> banking day after the 10<sup>th</sup> for bills due on the 20<sup>th</sup> of said month. ACH debit (credit card) will occur on the selected date below.

Select One (1): ACH Bank Draft \_\_\_\_\_ ACH Credit/Debit Card \_\_\_\_\_

Print Individual Name(s) \_\_\_\_\_ Last 4 SSN #(s) \_\_\_\_\_ Signature(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

ACCOUNT/MEMBER # \_\_\_\_\_

**ACH Bank Draft Only**

\_\_\_\_\_  
(Bank Name) (Branch) (Address) (City) (State)

\_\_\_\_\_  
(Routing Number) (Account Number) Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

**Payment Due Date:** \_\_\_\_\_ 1<sup>st</sup> Banking Day **After** 10<sup>th</sup> (Please Note Only Option Available for ACH Bank Draft)\*

**Remember to attach voided check or deposit slip!**

**ACH Credit/Debit Card Only**

\_\_\_\_\_  
(Card Number) Type of Card: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

\_\_\_\_\_  
(Name on Card) Expiration Date: \_\_\_\_\_ (MM/YY) \_\_\_\_\_ (Billing Zip Code For Card)

**Select One (1) Payment Due Date:** \_\_\_\_\_ 1<sup>st</sup> Banking Day **After** 10<sup>th</sup> \_\_\_\_\_ 1<sup>st</sup> Banking Day **Before** 20<sup>th</sup>

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 manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.