

## Automatic Bill Payment Authorization

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I (we) hereby authorize **INTERCOUNTY ELECTRIC COOPERATIVE ("INTERCOUNTY")**, to initiate debit entries to my (our)      CHECKING      SAVINGS account (select one) in the financial institution (BANK) named below. I (we) further authorize BANK to debit such entries to my (our) account.

BANK ACCOUNT NO. \_\_\_\_\_

DEPOSITORY  
(BANK) NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BANK TELEPHONE NUMBER \_\_\_\_\_

*Attach a blank check with the word VOID written across the face of the check.*

**Paperwork needs to be received by the 20th of the month to be enrolled for the following month.**

It is understood that this agreement may be terminated by me (either of us) at any time up to three business days before the 15th of the month by written notice to **INTERCOUNTY**. Any such notification to **INTERCOUNTY** shall be effective only with respect to entries initiated after receipt of such notification.

It is understood that it is my (our) responsibility to notify **INTERCOUNTY** of any billing discrepancies 6 days prior to the 15th of the month.

It is understood that applicable fees, i.e. returned payment fees or stop payment fees, will be charged to my (our) account.

It is also understood that I (we) agree to be bound by the Operating Rules and guidelines of the National Automated Clearing House Association and shall have the rights set forth here with respect to all entries initiated by **INTERCOUNTY** pursuant to this agreement.

\_\_\_\_\_  
DEPOSITOR'S NAME (PLEASE PRINT)

\_\_\_\_\_  
DEPOSITOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPOSITOR'S SIGNATURE (if two required)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEPOSITOR'S PHONE NUMBER

List ALL Account Numbers  
to be paid ACH:

_____
_____
_____
_____
_____
_____

***INTERCOUNTY USE ONLY:***

BANK CODE _____
TRANSIT/ABA NO. _____
ACCOUNT NO. _____

**Attach a blank check with the word VOID written across the face of the check.**