

AUTHORIZATION
FOR AUTOMATIC DEBIT

I authorize **Cooperative Energy Company** to initiate debits from my checking account listed below. This authority will remain in effect until I notify you in writing to cancel it, allowing the financial institution sufficient time and a reasonable opportunity to act on it.

Name of Financial Institution to Debit

Bank Name: _____

Location: _____

Transit Routing #: _____

Checking Account #: _____

Authorized By: _____

Date: _____

Printed Name: _____

Company Name: Cooperative Energy Company

Company Address: PO Box 254 Sibley, IA 51249

Phone Number: (712) 754-2586

Staple Voided Check Here