Raccoon Valley Electric Cooperative
ACH - Automatic Payment Authorization

If you would like to have your electric bill and other authorized charges automatically paid through the bank, all you need to do is:

- Fill out the form below.
- Attach a voided check or voided deposit slip (from the back of your check book).
- Sign and return this form to the Raccoon Valley Electric Cooperative, P.O. Box 486, Glidden, Iowa 51443.

Authorization Agreement for Direct Deposits (ACH Credits)

I (we) hereby authorize Raccoon Valley Electric Cooperative, 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.

Depository Name_____   Branch_____
     (Member's Bank)

City _____   State _____   Zip _____-_____

Routing No._____   Account No._____
(Bank numbers to left side of member's bank account numbers)   (Member's bank account number)

This authorization is to remain in full force and effect until

❖ Raccoon Valley Electric Cooperative has received written notification from Member of termination request or Member receives written notification from Raccoon Valley Electric Cooperative of termination, in such time and in such manner as to afford Raccoon Valley Electric Cooperative, Company and Depository a reasonable opportunity to act on request.

By signing this authorization, member realizes Raccoon Valley Electric Cooperative will process automatic payment on the 20th of each month, or if the 20th falls on a weekend, the next workday. Member also realizes that if there are not sufficient funds in member's checking/savings account at the time of withdrawal, member will be accessed a $30.00 processing charge.

I (we) authorize Raccoon Valley Electric Cooperative to proceed with automatic bank payments for the following location(s) and other authorized charges:

     Account Number: _____   Location: _____
     Other: _____

Name(s) _____   ID Number _____
     (Member's Name - Please Print)   (Driver License Number)

Signature _____   Date _____
     (Member's Signature)

Signature _____   Date _____
     REC Employee

This institution is an equal opportunity provider and employer.