

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, hereinafter called Company, to initiate credit entries to my (our) _____ Checking Account or _____ Savings Account (**select one**) indicated below at the depository financial institution named below, hereinafter called Depository, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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 work day. Member also realizes that if there is not sufficient funds in member's checking/savings account at the time of withdrawal, member will be assessed 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