

AUTHORIZATION AGREEMENT
FOR
AUTOMATIC BILL PAYMENTS

I (We) hereby authorize Arkansas Valley Electric Cooperative Corporation to initiate charge entries to my (our) checking/saving account indicated below at the Bank named below, hereinafter called the Bank, and to charge the same to such account.

Name(s): _____

Address: _____

Phone Number: _____

Bank Name: _____

City: _____ State: _____ Zip: _____

Checking Acct. # _____ or Saving Acct. # _____

This authority is to remain in full force and effect until the Cooperative has received written notification from me (or either of us) requesting termination in such time and manner as to afford Cooperative and Bank a reasonable opportunity to act on it. I (we) will have fourteen (14) days from the date my bill is mailed, to contact Arkansas Valley Electric Cooperative Corporation and stop the deduction if I (we) have questions or feel an error has been made. Arkansas Valley Electric Cooperative Corporation reserves the right to terminate this draft service (or my participation therein).

Date: _____ Signature: _____

Date: _____ Signature: _____

**PLEASE INCLUDE THIS FORM WITH YOUR CHECK PAYMENT, OR
ENCLOSE A VOIDED CHECK.**

Fax# 479-667-8964

(THIS PORTION TO BE COMPLETED BY ARKANSAS VALLEY ELECTRIC
COOPERATIVE CORPORATION)

ACCOUNT #: _____ BANK ROUTING # _____

CONSUMER BANK ACCT # _____ COMPLETED BY _____