

1811 West Commercial · P.O. Box 47 · Ozark, Arkansas 72949 Telephone (479) 667-2176

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENTS

I (We) hereby authorize Arka entries to my (our) checking/ hereinafter called the Bank, a Name(s):	saving account ind and to charge the sa	icated below at me to such acco	ount.		
Address:					
			_Zip:		
Phone Number:	Cell Number:				
E-Mail Address:					
Bank Name:					
Checking Acct. #	O	r Saving Acc	t.#		
Cooperative and Bank a reason	er of us) requesting onable opportunity ed, to contact Arkan ave questions or fe	termination in to act on it. I (vensas Valley Electer an error has be	such time and manner as to afford we) will have fourteen (14) days ctric Cooperative Corporation and been made. Arkansas Valley		
Date:	Signature:				
Date:	Signature:				
INCLUDE THIS FORM WIT	TH YOUR CHECK	PAYMENT, OF	R ENCLOSE A VOIDED CHECK		
(THIS PORTION TO BE CO	OMPLETED BY A	RKANSAS VA	LLEY ELECTRIC)		
ACCOUNT #:	LC	OCATION #:			
MEMBER BANK ACCT #:		BANK RC	OUTING #:		
AVECC REPRESENTITIVE	∃:				