

# Arkansas Valley Electric Cooperative

A Touchstone Energy® Cooperative



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

## 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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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: \_\_\_\_\_

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

(THIS PORTION TO BE COMPLETED BY ARKANSAS VALLEY ELECTRIC)

ACCOUNT #: \_\_\_\_\_ LOCATION #: \_\_\_\_\_

MEMBER BANK ACCT #: \_\_\_\_\_ BANK ROUTING #: \_\_\_\_\_

AVECC REPRESENTATIVE: \_\_\_\_\_

