

**Authorization Agreement for Direct  
Payments (ACH Debits)  
Clay Electric Co-operative, Inc.**

Member Name(s) \_\_\_\_\_ Account Number(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone Number \_\_\_\_\_

I (we) hereby authorize Clay Electric Co-operative, Inc. (the Coop), to initiate DEBIT entries to my (our) Checking account indicated below at the Depository financial institution (your Bank) named below, hereinafter called Depository, and to debit the same to such account.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_  
(Please attach a check marked VOID)

I (we) understand:

- I (we) will receive a monthly bill that will state "Paid by Draft"
- It is my (our) responsibility to inform the Coop of any change in my (our) bank account and bank routing number.
- If my (our) bank draft is declined for any reason a fee will be charged to my (our) electric bill. If two bank drafts are declined I (we) will be permanently removed from the program.

I (we) authorize automatic payment of my (our) electric bill(s) on the due date. I (we) understand it may take one to two billing cycles for the plan to be implemented. The Coop reserves the right to limit participation to members whose accounts are in good standing. I (either of us) may discontinue my (our) participation in the program by notifying the Coop in writing and in such manner as to afford the Coop and Depository a reasonable opportunity to terminate participation.

Authorized Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please return form to Clay Electric Co-operative, Inc., PO Box 517, Flora, IL 62839

