

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Taylor Electric Cooperative and my financial institution named below to initiate entries to my checking or savings account to pay my Taylor Electric bill. This authority will remain in effect until I notify you to cancel it in such time as to afford my financial institution and Taylor Electric Cooperative a reasonable opportunity to act on it.

****PLEASE NOTE: THE ACH FILE RUNS ON THE FIRST DAY OF EACH MONTH. ALL CHANGES MUST BE MADE BEFORE THE FIRST IN ORDER TO TAKE EFFECT FOR THE FOLLOWING MONTH.**

Name

Address

Phone

Checking and Savings Information

(Name of Financial Institution)

(Branch)

(City)

(State)

(Zip Code)

Account # _____ Checking _____ or Savings _____

Financial Institution Routing Number _____

Please indicate type of account: _____ Personal _____ Commercial

Signature: _____ Date _____

Please include a voided check for checking account ACH