



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Name _____ DCEC Account Number _____

I hereby authorize Delaware County Electric Cooperative, Inc., hereinafter called DCEC, to initiate monthly electric utility payments from my (select one):

Checking Account Savings Account

Bank Name _____ Branch _____

Bank Routing Number _____ Bank Account Number _____

Please attach voided check or savings account deposit ticket for bank record verification.

Credit Card: Master Card Visa Discover

Credit Card Number _____ Exp Date _____

I acknowledge that the origination of electronic transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until DCEC has received written notification from me of its termination in such time and in such manner as to afford DCEC and BANK a reasonable opportunity to act on it. *Fund transfers will occur on or after the 5th of each month.*

I understand that the savings/bank account process will not become effective until the second billing period after the cooperative receives this authorization.

Date _____ Signature _____ E-mail address _____

Note: All written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in writing. If any deduction is not honored by your bank, the applicable fees charged by the bank along with standard cooperative fees will be charged to your account. A copy of the complete terms and conditions are available from our office.