



A Division of Wheatland Electric

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER NAME _____ **CUSTOMER ACCOUNT NUMBER** _____

I (we) hereby authorize Wheatland Electric Coop, hereinafter called COMPANY, to initiate debit entries to my (our)

Checking

Savings account

indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

BANK DEPOSITORY NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ABA NO. _____ **ACCOUNT NO.** _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ **SOCIAL SECURITY NO.** _____

DATE _____ **SIGNED** _____

PLEASE ATTACH A VOIDED CHECK BELOW (no deposit slips accepted)