



PO Box 459
122 West Main Street
Elk Point, SD 57025
(605) 356-3395

Auto Payment Authorization Form

Account Debit Authorization

I (we) hereby authorize Union County Electric Cooperative, Inc. hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for Auto Payment. I (we) acknowledge that the origination of ACH (Auto Payment) transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: _____ Checking _____ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (either of us) of its termination a minimum of five working days before the due date. This will be required as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name) (Signature)

(Location Number) (Date)

(Print Individual Cooperative Account Number)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM!