

**Ark Valley Electric Cooperative Assoc., Inc.**  
**Authorization Agreement for Automated Bank Draft Payments**

I (we) hereby authorize Ark Valley Electric Cooperative Assoc., Inc., and the financial institution named below to initiate debit entries to my bank account indicated below, on or about the last day of each month for the monthly bills on my (our) electric service account(s).

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

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

Bank Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

I understand if the account being charged for my electric bill is insufficient to pay by bill, I remain liable and responsible to timely pay my bill, including any late fees that may apply.

I further understand I may revoke this authorization to debit my above account for my electric bill at any time. If I revoke this authorization, I understand I must give written notice of such revocation to Ark Valley Electric.

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

Utility Account Number(s) \_\_\_\_\_

Name on Utility Account \_\_\_\_\_

(Please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

(if applicable)

Joint Signature \_\_\_\_\_ Date \_\_\_\_\_

(if applicable)

**Please mail this completed agreement to:**

Ark Valley Electric PO Box 1246 Hutchinson, KS 67504-1246

When the Automatic Payment Plan becomes effective for your account, it will be noted on your bill.

***Attached voided check below (deposit slip not acceptable)***

