

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Taylor Electric Cooperative and my financial institution named below to initiate entries to my checking or savings account or credit card (Mastercard or Visa) 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.

Name

Address

Checking and Savings Information

(Name of Financial Institution)

(Branch)

(City)

(State)

(Zip Code)

Account # _____ Checking _____ or Savings _____

Financial Institution Routing Number _____

Signature: _____ Date _____

Please include a voided check for checking account ACH

Credit Card Information

_____ Mastercard

_____ Visa

Credit Card # _____ Exp. Date _____

I will be responsible for notifying Taylor Electric of any account number or expiration date changes.

Signature: _____ Date _____