

AUTHORIZATION FORM-DIRECT PAYMENT ONLY

Please complete and return this form to:

Adams Rural Electric Cooperative, Inc.
PO Box 247
West Union, OH 45693

Customer Information:

Name (as shown on bill) _____

Adams Rural Electric Account Number _____

Telephone Number _____

Service Address _____

City _____ State _____

Zip _____

Direct Payment Plan

I authorize Adams Rural Electric Cooperative, Inc. to instruct my financial institution to make my payments to them from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Adams Rural Electric Cooperative, Inc. in writing.

Signature _____

Date _____

Financial Institution Name _____

Type of Account [] Checking [] Savings

Account Number _____

Financial Institution Routing/Transit Number _____

Please enclose a voided check so that we can record the correct financial information.

Note: Consumer must notify Adams Rural Electric Cooperative, Inc in writing within 60 days to cancel the direct payment plan.