

**FORT BELKNAP ELECTRIC COOPERATIVE**

**Authorization Agreement for Pre-Arranged Payments – Automatic Payment Plan**

I (we) the undersigned hereby authorize Fort Belknap Electric Cooperative, hereinafter called COOPERATIVE, to debit my (our) checking account monthly for the amount of services billed by COOPERATIVE for my (our) account. I (we) authorize the financial institution named below hereinafter called DEPOSITORY, to debit such amount from my (our) account. I (we) have read the bottom portion of this form and understand the stated conditions are applicable to this agreement.

_____ Depository Name (Bank, Credit Union, etc.)	_____ Bank Location – City State Zip
_____ Customer Signature	_____ Second Signature

_____ Customer Name (Please Print)	_____ Address
( ) _____ Customer Telephone No.	_____ City, State, Zip Code
( ) _____ Customer Work Phone No.	_____ Your FBEC Account Number

**THANK YOU FOR CHOOSING THE AUTOMATIC BILL PAYMENT PLAN AS A CONVENIENT WAY TO PAY YOUR ELECTRIC BILL.**

This authority shall remain in full force and effect until both Cooperative and Depository have received written notifications from me (or either of us) of the revocation of such authority so as to afford COOPERATIVE and DEPOSITORY opportunity to resume regular billing procedure. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY in time to allow DEPOSITORY the opportunity to process said request prior to debiting my (our) account. After my (our) account has been debited, I (we) have the right to have the amount of an erroneous debit immediately credited to my (our) account by DEPOSITORY, provided I (we) send written notice of such erroneous debit entry to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

I (we) understand that debits to my (our) account, as authorized by this agreement, will occur approximately 6 calendar days from the date of billing.

If my (our) DEPOSITORY notifies COOPERATIVE that sufficient funds are not available in my (our) account to pay my (our) bill, the regular COOPERATIVE service charge for returned checks will be charged to my (our) electric service account.

My (our) participation in this pre-arranged payment plan will not change my (our) charges for electric service and this authorization agreement is simply an alternative and convenient method to make payments for electric service.

***Please provide a VOIDED CHECK with this form.***