

**OZARK BORDER ELECTRIC COOPERATIVE
AUTHORIZATION FOR BANK DRAFT OF ELECTRIC BILL**

(Name on your Ozark Border Account)

(Your Ozark Border Account #)

(Address)

(Daytime Telephone #)

(City / State / Zip Code)

(Financial Institution Name)

(Financial Institution Routing #)

(Financial Institution Account #)

Checking_____ Savings_____
(Type of Account)

I hereby authorize Ozark Border Electric Cooperative to initiate monthly debits on or near the 12th of each month, beginning next month and continuing each month thereafter, for payment of my electric service and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that both Ozark Border Electric Cooperative and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by Ozark Border Electric Cooperative, my financial institution, or myself in writing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States law.

Date

Signed

Signed

This form of payment for your account is optional. If you would like to sign up for this payment plan, fill out the above portion and return it to our office along with a voided check. For savings accounts, please provide a copy of a statement to verify account numbers.