



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

MEMBER NAME _____ **MEMBER ACCOUNT#** _____

I (we) hereby authorize Wheatland Electric Cooperative, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) **Checking** **Savings** account (select one) indicated below, and the depository named below, hereinafter called DEPOSITORY, to debit same to such account. This document in no way updates your stored payment information for your SmartHub account.

BANK DEPOSITORY NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ABA # _____ **ACCOUNT** _____

ACCOUNT TYPE **Personal** **Business**

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on said notification.

NAME (S) _____

DATE _____ **SIGNED** _____

WHEATLAND REPRESENTATIVE _____

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM
(A DEPOSIT SLIP WILL NOT BE ACCEPTED)**

Member is responsible for communicating changes in Preauthorized payment information to COMPANY directly or through a SmartHub account.