



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER NAME _____ **CUSTOMER ACCOUNT#** _____

I (we) hereby authorize Wheatland Electric Coop, 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.

BANK DEPOSITORY NAME _____ **BRANCH** _____

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

TRANSIT/ABA # _____ **ACCOUNT** _____

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 and said notification.

NAME (S) _____

DATE _____ **SIGNED** _____

WHEATLAND REPRESENTATIVE _____

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