

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Cooperative

Name: **Woodbury County Rural Electric Cooperative**

I (we) hereby authorize Woodbury County Rural Electric Cooperative, hereinafter called COOPERATIVE, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account, I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name _____ Branch _____

City _____ State _____ Zip _____

Depository

Routing

Number _____

Bank

Account

Number _____

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

Print name(s) _____

Signature _____

Date: _____

Cooperative accounts authorized:

Account Number

Location Number

NOTE: ALL DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.