

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEBITS OR CREDITS

I hereby authorize Washington Electric Cooperative, Inc., to initiate debit (payment) irregular amounts owing by me as such amounts become due and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my checking or savings accounts indicated below and for the Financial Institution named below to credit and/or debit the same to such accounts. () Checking Account * (Attach voided check) Check only one: () Savings Account (Provide the following information) Bank name_____ City State Bank Transit ABA Number Account Number____ *Note: Bill will indicate "Bank Draft, Do Not Pay" This authority is to remain in full force and effect until Washington Electric Cooperative, Inc., has received written notification from me of termination in such and in such manner as to afford Washington Electric Cooperative, Inc., and the Financial Institution a reasonable opportunity to act on it. (Please print) Signature Date Signed Customer Acct # (s): 1.)_____ 2.)_____

Return to Washington Electric Cooperative, Inc., as soon as possible. Your electric bill will be deducted from your checking or savings account on your due date. If the due date falls on a weekend, the deduction will be made on the following Monday. If the due date falls on a holiday, the deduction will be made on the next banking day.

This authority will remain in effect until and unless I notify Washington Electric Cooperative, Inc., at least four business days before the due date on my electric bill, to cancel it. I have up to 60 days following the issuance of my bank statement to dispute any amount of erroneous charges.

Please notify Washington Electric Cooperative if you have made changes in your bank account or have changed banks. Any additional charges incurred for non-sufficient fund transactions will be passed on to the customer.