

Electronic Funds Transfer

Authorization for Direct Debit of Electric Bill Payment



I hereby authorize Central Electric Cooperative to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my checking account* _____ savings account* _____ or other** (specify account type _____) as indicated below at the receiving depository financial institution.

Financial Institution Name _____

Routing Number _____

Account Number _____

City _____ State _____ Zip _____

I understand that it is my responsibility to notify Central if I change accounts at my present financial institution. This notification should be made thirty days prior to the due date shown on my electric bill.

Member Name (please print) _____

Member Signature Date

Central Account Number(s) _____ Telephone Number _____

**Please enclose a voided check on the account from which you wish your electric payment to be made.*

***Due to PCI compliance, Central is unable to have contact with a credit or debit card number. Please visit, www.MyCentral.coop to sign up for EFT using a credit or debit card. Click the "Pay your Bill" button in the upper right corner of the website to enter your information using the e-bill application.*