



ACH AUTHORIZATION FORM

Customer Name: _____

(Include spouse)

Billing Address _____

Home Phone#: _____

Cell or Work Phone # _____

I (we) hereby authorize FEM Electric Cooperative, Inc. to initiate debit entries (charges) to my (our) checking or savings account indicated below and the depository financial institution named below, for my monthly Electric bill, Heat loan bill and/or other services, from my bank account. This authority is to remain in full force and effect until company has received written notification from me (or either of us) of its termination in a timely manner. I understand I will continue to receive a billing statement as normal showing that month's charges. I will contact the co-op directly concerning billing disputes.

Signature: _____

Print Name: _____

Date: _____

ATTACH A PHOTOCOPY OF A VOIDED CHECK HERE NO DEPOSIT SLIP

Or complete the following:

Bank Name and Address _____

Bank Phone #: _____

Your Account # _____ Bank Routing # _____

Please list all FEM monthly energy accounts you wish to withdraw from your bank account. Please use back side if you have more accounts than there's space for. Indicate if you would like your heat loan and/or other service bills added to this process:

FEM Account # _____

FEM Account # _____

FEM Account # _____

FEM Account # _____

Other Services: _____

Heat Loan: _____