FANNIN COUNTY
ELECTRIC COOPERATIVE

Your Touchstone Energy® Cooperative

BANKDRAFT AUTHORIZATION

I (we) herby authorize Fannin County Electric Coop to transfer funds from my (our) checking account / savings account (select one) at the financial institution indicated below each month for payment of the balance of my (our) account. I (we) agree that ACH transactions authorized herein shall comply with all application U.S. law.

Fannin County Electric Coop Account Number(s): _____

Depository Bank Name: _____

Address: _____

City/State/Zip: _____

Depository's Transit Routing Number

Bank Account Number

Name(s) on Bank Account: _____

Address: _____

City/State/Zip: _____

This authorization shall remain in effect until Fannin County Electric Coop has received notice from me (or either of us) of its termination by written correspondence or verbal notice from one or both of the account holders listed above.

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

Phone: (903) 583-2117 Fax: (903) 583-7384
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