

**MONROE COUNTY ELECTRIC POWER ASSOCIATION**  
**ACH AUTHORIZATION FORM**

**Add**       **Change**       **Delete**

Date \_\_\_\_\_

Account # \_\_\_\_\_

Location# \_\_\_\_\_

\_\_\_\_\_  
Billing Name

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Mailing Address (If different)

I (we) hereby authorize Monroe County Electric Power Association to initiate entries to my checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

\_\_\_\_\_  
Financial Institution Name & Phone Number

\_\_\_\_\_  
Routing/Transit Number

\_\_\_\_\_  
Account Number

Mark one:     Checking     Savings

This authority will remain in effect until Monroe County Electric Power Association is notified by me (us) to cancel it in such time as to afford Monroe County Electric Power Association and the financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Name on Bank Account

\_\_\_\_\_  
Signature

**\*SEND A VOIDED CHECK WITH THIS FORM TO BE SET UP FOR BANK DRAFT**