



CLARKE
ELECTRIC COOPERATIVE, INC.

AUTOMATIC BILL PAYMENT

I (We) hereby authorize Clarke Electric Cooperative to initiate debit entries (charges) to my (our) checking or savings accounts as indicated below and the Depository Financial Institution named below, to charge the same such account. The initial authorization is for a variable amount to be charged to my account on the due date printed on the bill for the monthly electric and/or Internet service presented by Clarke Electric Cooperative. Giving any of the undersigned notification, Clarke Electric may change the billing date from time to time.

When filling out this form, please print clearly.

Bank Name: _____
City, State, and Zip Code: _____
Bank Transit/ABA Number: _____
Bank Account Number: _____

To pay by recurring Credit/Debit Card, please complete the information below:

Expiration Date: ____ / ____ Visa MasterCard
Card Number: _____
Signature of Cardholder: _____

This authority is to remain in full force and effect until Clarke Electric Cooperative, Inc., has received written notification from me (or either of us) of its termination in such time and in such manner as to afford my financial institution prior to charging the account. The Customer may rescind any charge within 15 days after notice of posting has been sent to the Customer.

Name: _____
Date: _____
Electric Account Number _____
Signature: _____
Spouse's Signature: _____

Please attach a voided check or deposit slip.