

# CALLAWAY ELECTRIC COOPERATIVE

503 Truman Road – P.O. Box 250

Fulton, MO 65251

573 642-3326

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

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

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

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

I (we) hereby authorize Callaway Electric Cooperative to initiate debit entries to my (our)  Checking  Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

**(BANK)**

**Depository**

**Name: X** \_\_\_\_\_ **Branch** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Your bank acct #: X** \_\_\_\_\_ **Transit/ABA #: X** \_\_\_\_\_

This authority is to remain in full force and effect until Callaway Electric and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Callaway Electric and DEPOSITORY a reasonable opportunity to act on it.

Signed \_\_\_\_\_ Date \_\_\_\_\_