



THE VICTORY ELECTRIC COOPERATIVE ASSN., INC.

P.O. Box 1335 • 3230 N. 14th Avenue • Dodge City, KS 67801

620-227-2139 or 800-279-7915 • Fax: 620-227-8819

victoryelectric.net

Authorization Agreement for Automatic Payment of Utility Bill (ACH Debit)

Name (Please print)

Mailing address

City, State, Zip

Last four digits of social security number

Home phone/cell phone number

List below all Victory Electric accounts to be automatically debited:

This agreement applies only to the cooperative accounts listed above. Any new accounts will not be included in this agreement without a signed application. This authority is to remain in full force and effect until the cooperative has received written notification from me to terminate the service in such as time and in such a manner as to afford the cooperative a reasonable opportunity to act upon my request for termination. I also agree to give the cooperative notice of any changes to the account I have designated for participation in the AutoPay program at least 30 days prior to the due date shown on my electric bill.

I understand failure to ensure sufficient funds to cover the debit of my account for the amount listed on my utility bill is sufficient cause for termination of this agreement by The Victory Electric Cooperative Assn., Inc. ("Victory Electric") Additional charges may be assessed to my utility account and Victory Electric may terminate my utility services in such circumstances.

I/we hereby authorize Victory Electric to initiate debit entries to my/our:

_____ Financial institution name/branch

_____ Address City/State/ZIP Phone number

CHECKING ACCOUNT

OR

SAVINGS ACCOUNT
(Verify that your bank allows EFT's on a savings account)

_____ Account number

_____ Transit/ABA/routing number*
**The transit/routing number is located in the lower left hand corner of your check (usually the first 9 digits).*

Please attach copy of voided check or an authorization letter from your bank, certifying correct routing and account number to this form. When your billing statement reads, "BANK DRAFT—DO NOT PAY", your account is set up for automatic bill payment. Bank accounts will be drafted on the bill's due date each month, or the next business day if due date falls on a weekend or holiday. Once one bill payment cycle is successfully withdrawn from your bank account, we will shred your voided check and will only retain your authorization form with your account information blacked out.

I (we) hereby authorize Victory Electric to initiate variable debit entries (and, if necessary, credit entries and adjustments for any debit entries in error) to my (our) account indicated below. I (we) also authorize the financial institution named below to debit and credit the same entries to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____ Signature

_____ Date

Return the completed form to:
The Victory Electric Cooperative Assn., Inc.
PO Box 1335 • 3230 N. 14th Avenue
Dodge City, KS 67801

OFFICE USE ONLY:

RECEIVED: _____

ENTERED: _____