

# “Easy Pay”

Funds will be drafted from your account / credit card on your bill(s) due date.

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

INTER-COUNTY ENERGY COOPERATIVE ACCOUNT NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

If your automatic payment information has not changed, please check here to use the same bank/card information currently on file and sign/date at the bottom.

If your automatic payment information has changed, please complete the form below with your new information and sign/date at the bottom.

## BANK PLAN

### Authorization Agreement for Pre-Arranged Payments (Debits)

I (We) hereby authorize Inter-County Energy Cooperative Corporation to initiate charge entries to my (our) checking account indicated below and the bank/savings institution named below, hereinafter called Bank, to charge the monthly bill to the account.

**\*Please include a voided check from your checking/savings account.**

BANK NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

\_\_\_\_\_ CHECKING/SAVINGS ACCOUNT NUMBER \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

This authority is to remain in full force and effect until Company and Bank have received written notification from me (or either of us) of its termination in such manner as to afford company and Bank a reasonable opportunity to act on it. I (We) have the right to stop payment of charge entries by notifying the Bank prior to the time the account has been charged. Any erroneous or incorrect charge will be corrected upon notification to the Bank.

## CREDIT / DEBIT CARD

TYPE OF CARD \_\_\_\_\_

CREDIT / DEBIT CARD NUMBER \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

EXPIRATION DATE MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

I agree to pre-authorize Inter-County Energy Cooperative to automatically charge my monthly electric bill against my credit/debit card listed above. I understand that I will receive a copy of my electric bill each month for reference.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_