

NO envelopes to send

NO postage to pay

NO last-minute rush
to pay your bill

NO checks to write



A Touchstone Energy Cooperative

"Easy Pay"

OFFICE USE ONLY:

CYCLE _____

ENTERED _____

INITIALS _____

NAME _____ PHONE NUMBER _____

INTER-COUNTY ENERGY COOPERATIVE ACCOUNT NUMBER(S) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Choose **either** bank plan **or** credit/debit card. *If there are any changes to your bank or card, contact us to update the information in our system ,before your due date, to avoid penalties.*

BANK (INCLUDE VOIDED CHECK)

Authorization Agreement for Pre-Arranged Payments (Debits)

I (We) hereby authorize Inter-County Energy Cooperative Corporation to initiate charge entries to my (our) checking/savings 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 _____ ROUTING NUMBER _____

CHECKING/SAVINGS ACCOUNT 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.

DEBIT/CREDIT CARD

TYPE OF CARD _____ NAME ON CARD _____

CREDIT/DEBIT CARD NUMBER _____

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 _____