

I(We) hereby authorize HOWELL-OREGON ELECTRIC COOP., INC. to initiate entries to my(our) checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. I(We) understand that the amount of the transaction initiated in my account may vary from month to month. This authority will remain in effect until HOWELL-OREGON ELECTRIC COOP., INC., is notified by me(us) in writing to cancel it in such time as to afford HOWELL-OREGON ELECTRIC COOP., INC., and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name - PLEASE PRINT)_____
(Phone Number)_____
(Address - PLEASE PRINT)**The Financial Institution**_____
(Name of Financial Institution)_____
(Address of Financial Institution - Branch, City, State & Zip)Financial Institution Routing Number: _____
(A nine (9) digit number, usually on the bottom-left of your check)Checking Account number: _____ **OR** Savings Account Number: _____**Please Pay the Following Electric Accounts by ACH Debit from the above listed Financial Institution:**1. _____
(HOEC Account Number) (Name on Electric Account)5. _____
(HOEC Account Number) (Name on Electric Account)2. _____
(HOEC Account Number) (Name on Electric Account)6. _____
(HOEC Account Number) (Name on Electric Account)3. _____
(HOEC Account Number) (Name on Electric Account)7. _____
(HOEC Account Number) (Name on Electric Account)4. _____
(HOEC Account Number) (Name on Electric Account)8. _____
(HOEC Account Number) (Name on Electric Account)

I(We) understand and agree that my(our) bank account will be debited on or near the 10th of every month, once it is activated, and the amount of the debit may vary from month to month. I(We) understand and agree this authorization is immediately cancelled for any electric account that is disconnected, for any reason, and I(we) are responsible to pay any balance due with a different form of payment.

I(We) agree to pay all costs and fees that may be charged for any transactions returned by THE FINANCIAL INSTITUTION for reasons including, but not limited to, insufficient funds or account closures. I(We) understand and agree that this authorization can be cancelled by HOWELL-OREGON ELECTRIC COOP., INC. if, in the opinion of HOWELL-OREGON ELECTRIC COOP., INC., it becomes necessary for any reason to discontinue my(our) participation in this program.

I(We) also understand and agree that this authorization does not become effective until approved. I(We) will receive notification from HOWELL-OREGON ELECTRIC COOP., INC. when the approval process is complete.

(Signature)_____
(Date)

After completing and signing this form, please return this form and a voided check to the Cooperative office to begin the approval process. If you have any questions on how to fill out this form, please call the Cooperative office at 256-2131 or toll free 1-888-HOE-POWER.