

**REQUEST FOR AUTOMATIC BANK PAYMENT PLAN**

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

ADDRESS \_\_\_\_\_

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

CVEC ACCOUNT NUMBER \_\_\_\_\_

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

CHECK ONE: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

BANK ACCOUNT NUMBER \_\_\_\_\_

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

**AGREEMENT FOR AUTOMATIC BANK PAYMENTS**

I understand that beginning next month and continuing each month thereafter, the amount of my electric and/or telecommunication service billing will be deducted from my bank account. I authorize Canadian Valley Electric Cooperative, Inc. ("CVEC") and/or CVEC Fiber, LLC ("CVF") to initiate monthly deductions for payment of my electric and/or telecommunication bill and for the financial institution specified by me to pay the amount from my checking or savings account ten (10) days after the bill is mailed. This authority shall remain in effect until revoked by me in writing. In addition, I have the right to stop payment for a charge up to ten (10) days after being billed by CVEC or CVF. I understand that either CVEC, CVF and/or my financial institution reserve the right to terminate this payment plan or my participation therein.

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

RECEIVED BY CVEC/CVF \_\_\_\_\_ EMPLOYEE \_\_\_\_\_

**NOTE: PLEASE MAKE SURE YOU ENCLOSE A VOIDED CHECK.**