



---

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT  
FOR DIRECT PAYMENTS**

Name \_\_\_\_\_ DCEC Account Number \_\_\_\_\_

I hereby authorize Delaware County Electric Cooperative, Inc., hereinafter called DCEC, to initiate monthly electric utility payments from my (select one):

Checking Account

Savings Account

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

*Please attach voided check or savings account deposit ticket for bank record verification.*

Credit Card:  Master Card  Visa

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

I acknowledge that the origination of electronic transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until DCEC has received written notification from me of its termination in such time and in such manner as to afford DCEC and BANK a reasonable opportunity to act on it. *Fund transfers will occur on or after the 5<sup>th</sup> of each month.*

**I understand that the savings/bank account process will not become effective until the second billing period after the cooperative receives this authorization.**

Date \_\_\_\_\_ Signature \_\_\_\_\_ E-mail address \_\_\_\_\_

*Note: All written debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in writing. If any deduction is not honored by your bank, the applicable fees charged by the bank along with standard cooperative fees will be charged to your account. A copy of the complete terms and conditions are available from our office.*