



Debit Entry (ACH) Authorization

Company Name: Pioneer Electric Cooperative, Inc.

Company Account No: _____

I (we) hereby authorize Pioneer Electric Cooperative, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Date of withdrawal from account: (select one) 12th of each month
 19th of each month

Please note that if the date you select falls on a weekend or holiday, your account will be debited on the next business day.

Depository Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Transit / ABA No. _____ Account No. _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

Date: _____ Signed: _____

Please complete this authorization form and return it to our office.