

**MORGAN COUNTY RURAL ELECTRIC ASSOCIATION
CREDIT/DEBIT AUTHORIZATION FORM**

I (we) hereby authorize Morgan County REA (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credit/debit in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Please choose type of account:)

Checking Account

Savings Account

Please attach a blank voided check

Electric Account Number (s)

PAYMENTS WILL BE WITHDRAWN FROM YOUR ACCOUNT AROUND THE 15TH OF THE MONTH.