

**COOS-CURRY ELECTRIC COOPERATIVE, INC.**  
**AUTOMATIC PAYMENT AUTHORIZATION FORM**



I hereby authorize Coos-Curry Electric Cooperative, Inc. to initiate variable entries to my account identified below for payment of my electric bills. In making this authorization, I agree to all terms and conditions listed below.

\_\_\_\_\_  
NAME (As it Appears on Electric Bill)

\_\_\_\_\_  
CCEC ACCOUNT NUMBER(S)\*

\_\_\_\_\_  
AUTHORIZED SIGNATURE/DATE

\_\_\_\_\_  
MEMBER SERVICE ADDRESS

\*This authorization affects only the accounts provided. All future accounts must be specified at time of Connect request.

**CHOOSE ONE OF THE FOLLOWING:**

- BANK ACCOUNT** (Please be sure to attach a **VOIDED CHECK** (deposit slips not accepted) to this form before submitting to any CCEC area office for processing.)

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
NAME OF ACCOUNT HOLDER

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

\_\_\_\_\_  
ROUTING NUMBER

- CREDIT/DEBIT CARD** (VISA or MASTERCARD Only)

\_\_\_\_\_  
CREDIT/DEBIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE/CID (3-Digit Code on Back)

\_\_\_\_\_  
NAME ON CREDIT/DEBIT CARD

\_\_\_\_\_  
CREDIT/DEBIT CARD BILLING ZIP-CODE

PLEASE MAKE PAYMENT ON THE \_\_\_\_5<sup>th</sup> \_\_\_\_15<sup>th</sup> \_\_\_\_25<sup>th</sup> OF EACH MONTH.  
*Must be at least ten (10) days after you normally receive your electric bill.*

**TERMS AND CONDITIONS**

I understand that by signing this form and submitting to Coos-Curry Electric Cooperative, Inc. I agree to abide by the following terms and conditions:

1. The date I have selected is not less than ten (10) days after the date I usually receive my electric bill from Coos-Curry Electric Cooperative, Inc. This gives me time to review my bill; if I have a dispute, I agree to contact my local CCEC office in an attempt to resolve it before cancelling the Automatic Payment.
2. I am solely responsible for maintaining sufficient funds in my account to cover full payment at the selected time.
3. If payment is by debit/credit card, I am solely responsible for maintaining a balance appropriate to cover full payment at the selected time. If funds in my account or on my debit/credit card are not adequate to cover the amount of my electric bill, I understand that CCEC has the right to terminate my participation in this program with no further notice to me and will impose a fee for Non-Sufficient Funds.
4. I am solely responsible for providing CCEC with any changes to my bank account or credit/debit card.
5. I understand that this authorization remains in effect until cancelled by me OR final payment has been drafted after disconnection of service.

**FOR OFFICE USE ONLY:** DATE SELECTED FOR PAYMENT \_\_\_\_\_ DATE RETURNED TO CCEC \_\_\_\_\_