## **Sedgwick County Electric Cooperative Association**

1355 S 383<sup>rd</sup> St W • PO Box 220 • Cheney, KS 67025 316-542-3131 • 866-542-4732 Fax 316-542-3943

## **Debit Authorization**

I (we) hereby authorize Sedgwick County Electric Cooperative, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. <u>I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.</u>

Financial Institution Name		Branch
Address	City/State	Zip Code
Routing Number	Account Number	Type of Account
notification from me (or ei		COMPANY has received written nd manner as to afford COMPANY ity to act on it.
Print Individual Name	Signature	Date
Daytime Phone Number:		
I would like my draft date		ESDAY OF THE MONTH Y OF THE MONTH
This authorization is vali	d for the following Sedgwick	County Electric Accounts:
Account Number (s)	Name (how it appears on y	/our bill)
		AN AUTHORIZATION LETTER TING AND ACCOUNT NUMBER

TO THIS FORM.