Authorization for Direct Payment via Bank Draft/ACH

Direct Payment via Bank Draft/ACH is the transfer of funds from an account for the purpose of making a payment. As a convenience to me, I hereby request and authorize My Bank, "Depository", to pay and charge to my account debits drawn on my account by and payable to Tri-State EMC, McCaysville, Georgia, provided there are sufficient collected funds in said account to pay the same upon presentation. I understand that bank drafts are drawn each Thursday and that my payment may be drawn up to six days before the due date. I agree that your rights in respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. If a bank draft or ACH is dishonored and is returned to us for nonpayment, Tri State EMC reserves the right to discontinue the payment by draft program and cause the account to be subject to fees and possible disconnection of service.

Check one:	Begin Payment	Ц	Change Information
I, necessary, to electro	_, authorize Tri-State EMC to elect onically credit my account to corr	ronic ect e	ally debit my account and, if erroneous debits as follows:
	unt / Savings Account (select OSITORY"). I agree that ACH tran		at the depository Financial Institution ons I authorize comply with all
Bank name "Deposit	tory":	_	
Routing number:	A	ccou	unt number:
Name on the accou	nt:		
Tri-State EMC Accou	nt Number:		Cycle
Primary Phone number:			
Date of first debit:			
writing or in person the		tion. I	and effect until I notify Tri-State EMC <mark>in</mark> I understand that Tri-State EMC require
Name(s):	(Please Prin		
	(Please Prin	<i>t</i>)	
Date:	Signature:		
Witness:		Tri	i-State FMC Representative

ATTACH COPY OF A CHECK OR A VOIDED CHECK