



AUTHORIZATION FORM FOR DIRECT PAYMENTS

I authorize Fergus Electric Cooperative, Inc. and the financial institution below to initiate electronic entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel direct payments in such time as to afford the financial institution a reasonable opportunity to act on it.

Bank Account # _____ Checking _____ or Savings _____ Date _____

 (Name Of Bank) (Bank Routing Number)

 (City) (State) (Zip Code)

 (Name on Bank Account)

Fergus Electric Account # _____

I authorize Fergus Electric Cooperative, Inc. 84423 US Highway 87, Lewistown, MT 59457 to initiate electronic entries to my checking/savings account and have agreed to the terms listed on this authorization. I may revoke my authorization with the company at any time by writing to the address above.

 (Signature)

***Please be sure to have your total amount due for your electric bill in your bank account before the 20th of each month. Your direct payment will be withdrawn from your account between the 21st and the 25th. Thank you.

- a) Your Fergus Electric bill will be paid by Direct Payments for the exact amount of your Fergus Electric bill, until you notify Fergus Electric Cooperative in writing to stop paying your bill with Direct Payments.

Questions email Susie @ ferguscc@ferguselectric.coop
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