

# Pay By Bank Authorization Form

I authorize Ravalli County 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 the terms on the bottom of this form.

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Name (As it appears on electric bill)

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Address

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Ravalli County Electric Account Number

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Bank Account Number

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Name of Financial Institution

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Authorized Signature

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Home Phone

Work Phone

I hereby authorize the financial institution listed above to pay my monthly electric bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my bank prior to charging my account. I understand, however, that both the bank and Ravalli County Electric reserve the right to terminate this payment plan or my participation therein.

**PLEASE ATTACH A DEPOSIT SLIP OR  
A VOIDED CHECK**