



**Authorization Agreement for Pre-Authorized Payments**

COMPANY NAME: Kankakee Valley R.E.M.C., Wanatah IN 46390

I/We hereby authorize Kankakee Valley REMC hereinafter called COMPANY, to initiate debit entries to my/our ( )checking or ( )savings account indicated below and the depository named below, herein after called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TRANSIT/ABA NO: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

AMOUNT: Monthly Electric Utility Bill

CREDIT THESE FUNDS TO: Wells Fargo Bank Indiana, LaPorte IN 46350  
For Deposit to Kankakee Valley REMC

This authorization is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

If the item is returned to the COMPANY by the DEPOSITORY due to non-sufficient funds, the COMPANY will reverse the payment. You will be responsible for that month's payment. The COMPANY will allow three (3) returns for non-sufficient funds per calendar year. After the third return the COMPANY will no longer initiate debits and you will be responsible for making your payments.

NAME(S): \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ BILLING CYCLE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ BANK DRAFT NO: \_\_\_\_\_

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

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

SIGNED X: \_\_\_\_\_

SIGNED X: \_\_\_\_\_

DATED: \_\_\_\_\_

**\*PLEASE SIGN, DATE, ATTACH A VOIDED CHECK AND RETURN THIS FORM TO Kankakee Valley REMC, P.O. Box 157, Wanatah, IN 46390. THANK YOU!!**