



Authorization Form for FREE Automatic Clearing House (ACH)

(Please print)

Your name as shown on electric bill: _____

Checking account number: _____

Name of bank & branch: _____

*E-mail address _____

** optional, add if going with paperless -statement*

I hereby authorize my electric bill to be paid by my bank:

Depositor's signature _____

Phone #: _____ Date: _____ AEC Account # _____

**** Please provide to AEC a voided check on the account to be drafted****

I authorize Appalachian Electric Cooperative to debit my bank account monthly by Automated Clearing House for the amount of my electric bill, due and payable to Appalachian Electric Cooperative.

I further agree that AEC shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of the charging of same to my account.

Until AEC receives my revocation of this authorization in writing, I agree that AEC shall be fully protected in honoring any such electronic debit to my account.

NOTE TO BANK: If the information on this form does not agree with your records, or if the arrangement is not in keeping with your procedures, please contact Appalachian Electric Cooperative, P. O. Box 710, Jefferson City, TN 37760. Telephone: 865-475-2032 ext. 1107 (Jefferson & Sevier Counties) 865-828-5225 (Grainger County) 423-586-4755 (Hamblen County)

*If choosing paperless option please include e-mail address for \$1.00 a month credit on your bill.

AEC is an equal opportunity provider and employer.