



Debit Entry (ACH) Authorization

Please complete this authorization form and fax or return it to one of our offices.

Company Name: Pioneer Electric Cooperative, Inc. All accounts
Company Account No: _____
Company Account No: _____
Company Account No: _____

I (we) hereby authorize Pioneer Electric Cooperative, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for payment on my (our) electric account with COMPANY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

The payment will be drafted from your banking account one business day prior to the due date, to allow for processing time.

Depository (Bank) Name: _____

Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No. _____ Account No. _____

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

Business or Individual Name(s) on Electric Account: _____

Date: _____ Signed: _____

Pioneer Electric Cooperative, Inc.
1850 W Oklahoma
P.O. Box 368
Ulysses, KS 67880
Phone: 620.356.1211
Fax: 620.356.1858

www.pioneerelectric.coop



1850 West Oklahoma Ave. / Ulysses, Kansas 67880



A Touchstone Energy Cooperative

1850 W Oklahoma PO Box 368

Ulysses, KS 67880 Phone: (620)356-1211

Fax: (620)356-1858

Debit Entry (ACH) Authorization Terms and Conditions

Debit Entry Authorization (ACH) is one payment option available to members of Pioneer Electric Cooperative, Inc. ("COMPANY").

To sign up for this payment option, please complete and sign a Debit Entry (ACH) Authorization application. A voided check is required to verify your bank account information, routing number, and bank account number. We also must verify the address and name of the banking institution for our database.

Allow 30-60 days for the direct debit or ACH option to become effective. This allows time for COMPANY to process the application and for validation of your banking account information through our bank. In the meantime, please continue to pay your bill manually each month. When you see "PAID BY BANK" printed in the amount due on your billing statement, the total amount due on your electric account will be drafted from your banking account on the designated date.

The payment will be drafted from your bank account one working day prior to the due date, to allow for processing time.

To avoid fees for Non-Sufficient Fund Check, notify our office immediately of any changes in your financial institution or bank account number, account closings, or deaths of an account holder. In the event of a returned ACH payment (Non-Sufficient Fund Check or NSF), a \$30.00 fee, plus any bank fees charged to COMPANY, will be charged to your account. In the event of two returned ACH bankdrafts for NSF, your account will be removed from ACH payment and restored to manual payments.

This authority for ACH bankdraft is to remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and the financial institution a reasonable opportunity to act upon it.

In no event will COMPANY be liable for any direct or indirect loss or damage which you may incur or suffer in connection with this ACH authorization.

I have read, understand and agree to the above terms and conditions on debit entry (ACH) authorization.

Member Signature

Date

Accepted by:

Employee Signature

Date

- Debit Entry (ACH) Authorization form completed and signed
- Voided Check attached