Traverse Electric Cooperative, PO Box 66, Wheaton, MN 56296
Toll Free: 800-927-5443   Fax: 320-563-4863

Authorization for Direct Payment Via ACH (ACH Debits)
from a Checking or Savings Account

Check one: ☐ Begin Payment | ☐ Change Information

I (we) authorize Traverse Electric Cooperative Inc. to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits.

Name(s) on Electric Account (s): _____

Electric Account Number (s): _____

☐ **Checking Account** (Please attach a voided check.) / ☐ **Savings Account** (select one) at the depository financial institution named below ("DEPOSITORY").

I (we) agree that ACH transactions I (we) authorize comply with the laws of the United States and all applicable law, and I agree to be bound by the provisions of the Nacha Operating Rules.

Depository Name:
_____

Routing Number:
_____

Account Number:
_____

Name(s) on the Account:
_____

Debit Transaction Frequency:

☐ **Single Entry** (One-time transfer)
☒ **Recurring Entries** (Transfers that recur at substantially regular intervals without further affirmative action by the Receiver)
☐ **Subsequent Entries** (Transfers that are initiated by a Receiver's affirmative action in accordance with the terms of this Standing Authorization)
    ☐ Telephone: _____
    ☐ Internet: _____
    ☐ Other: _____

Date of debit (if Single Entry) or date of first debit: _____

Number of and/or frequency of debits: Monthly on the due date for electric balance

Amount of debit(s) or method of determining amount of debit(s): Account Balance

I (we) understand that this authorization will remain in full force and effect until I (we) notify Traverse Electric Cooperative in person, in writing, or by phone that I (we) wish to revoke this authorization. I (we) understand that Traverse Electric requires at least 3 business days prior notice in order to cancel this authorization.

Name(s): _____
(Please Print)

Date: _____   **Signature(s):** _____