



ACH AUTHORIZATION FORM

I (we) hereby authorize Beartooth Electric Cooperative, Inc. to initiate entries to my (our) account at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Beartooth Electric Cooperative, Inc. is notified by me (us) in writing to cancel it in such time as to afford Beartooth Electric Cooperative, Inc. and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it. Furthermore, if any such debit(s) should be returned NSF, I (we) authorize Beartooth Electric Cooperative, Inc. to collect such debt(s) by electronic debit and subsequently collect a returned debit NSF fee of \$15.00 per item by electronic debit from my (our) account identified below.

Please indicate the Beartooth Electric Account(s) below:

Beartooth Electric Coop Account # _____	Service Address _____
Beartooth Electric Coop Account # _____	Service Address _____
Beartooth Electric Coop Account # _____	Service Address _____
Beartooth Electric Coop Account # _____	Service Address _____
Beartooth Electric Coop Account # _____	Service Address _____
Beartooth Electric Coop Account # _____	Service Address _____

Please check account type:

Checking Account Savings Account

For Checking/Savings Accounts, please complete the following information:

Name of Financial Institution

Address of Financial Institution – Branch, City, State, & Zip

Routing Number

Account Number

AUTHORIZATION:

I am a duly authorized signer on the financial institution account identified above, and authorize all the above as evidenced by my signature below.

Name – PLEASE PRINT

Signature

Date