

AUTOPAY PROGRAM AUTHORIZATION TO HONOR UTILITY BILL

BANK NAME/ROUTING# _____

LOCATION _____

I, the undersigned, a member of Graham County Electric Cooperative, Inc. do hereby authorize said cooperative, through an authorized employee, to present monthly energy bills to the above named financial institution for payment as an automatic ACH transaction. I understand my responsibility to let the cooperative know about any changes to my bank account information at least ten days before payment is to be deducted. I further authorize said financial institution to pay those bills from my account until such time as I may revoke this order with at least ten days advance written notice before payment is to be deducted.

See bank draft date on your billing statement. If date falls on a holiday, then it will be deducted on the following business day.

Bank Account #	Bank Account Holder Name
Bank Account Holder Signature	Date
Mailing Address	Phone Number
Customer # <i>(Located on utility bill)</i>	Member Name <i>(If different than above)</i>
Member Signature	Date

Note: Questions?? Call GCEC at (928) 485-2451.
Please return the completed form along with a “VOIDED” check to:

Graham County Electric Cooperative, Inc.
Attention SurePay Program
PO Drawer B
Pima, AZ 85543