## North Central Missouri Electric Cooperative E-Z-PAY Authorization Agreement Customer Auto Bill Signup Form

Member Account #s to E-Z-PAY_	
Bank Name	
Bank Address	
Bank Phone #	
Customer's Bank Account #	
C . I D I D .: "	
Customer's Bank Account Name(s)	)
Customer's Phone #	
I (We) hereby authorize North Cen	tral Missouri Electric Cooperative, Inc.
electric bill. I (We) further authori my (our) monthly electric bill by cl account. This authority is to remai you receive and have had reasonab protected in honoring any NCMEC understand, however, that both the right to terminate this plan or my (o	account with the amount of my (our) monthly ze the Financial Institution named above to pay harging such monthly payment to my (our) n in effect until revoked by me in writing. Until le time to act on such notice, you shall be fully debit against my (our) account. I (we) Financial Institution and NCMEC reserve the our) participation therein.  North Central Missouri Electric Cooperative,
Inc. is instructed to forward this au	thorization to you. If the information on this records or if this arrangement is not in keeping
Date	Signature (s) If joint account, need both signatures
Date	Signature (s) If joint account, need both signatures

(PLEASE INCLUDE VOIDED PERSONALIZED CHECK WITH THIS AGREEMENT)