



Return form to: PO Box 1700, The Dalles, OR 97058
541-296-2740 / 800-341-8580

RECURRING MONTHLY AUTOMATIC CHECKING AUTHORIZATION FORM

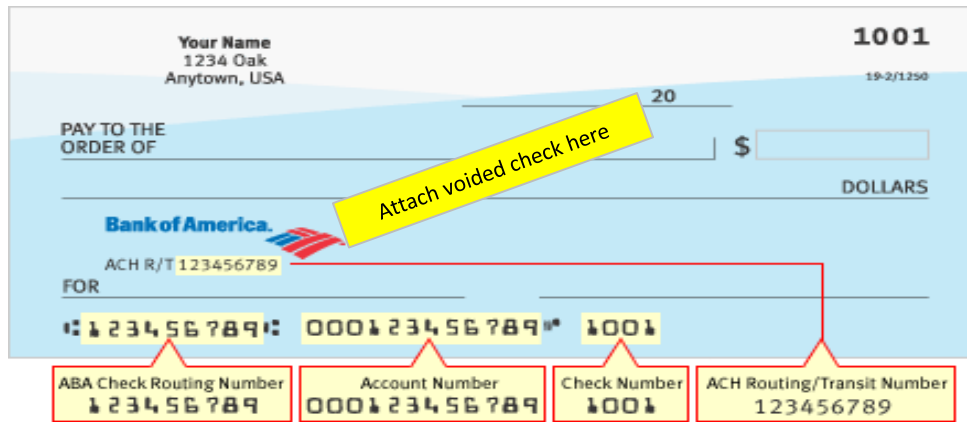
*****A VOIDED CHECK MUST BE ATTACHED TO FORM*****

NAME _____ ACCOUNT NUMBER _____
(As it appears on your billing statement) *(Wasco Electric Account Number)*

NAME ON CHECK _____

ADDRESS YOU RECEIVE STATEMENTS _____

PHONE NUMBER _____



CHECK ROUTING NUMBER _____

CHECKING ACCOUNT NUMBER _____

I DO HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT AND THAT I AM THE AUTHORIZED USER OF SAID ACCOUNT. I AUTHORIZE WASCO ELECTRIC COOPERATIVE, INC., TO CHARGE MY MONTHLY BILL ON THE DUE DATE UNTIL FURTHER NOTICE.

SIGNATURE _____ DATE _____

OFFICE USE ONLY			
Date Received _____	Account(s) at zero? _____	SHC _____	
Updated by/Notes on Acct _____	/ _____	Billing Cycle _____	