

### HOW TO ENROLL

1. Complete and Sign the Form below.
2. Enclose a Voided Check of the Bank Account to be Drafted.
3. Mail the form and voided check to Appalachian Electric Cooperative. We must receive this form 30 days prior to your next bill due date.
4. Your bill, paid by the ACH program, will state "Paid by Draft".
5. If, after trying the ACH program, you are not satisfied, give us a call. You may drop the ACH payment option at any time.
6. If you need any additional help or information about the program, please give us a call.

Telephone: 865-475-2032 Ext. 1107  
 865-828-5225 Ext. 1107  
 423-586-4755 Ext. 1107

I authorize Appalachian Electric Cooperative to debit my bank account monthly by Automated Clearing House for the payment of my electric bill due to Appalachian Electric Cooperative.

I further agree that you shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of the charging of same to my account.

This authorization is to remain in effect until revoked by me in writing. Until you actually receive such notice, I agree you shall be fully protected in honoring any such electric debit to my account.

NOTE TO BANK: If the information on the card does not agree with your records, or if the arrangement is not in keeping with your procedures, please contact  
 Appalachian Electric Cooperative, P.O. Box 710, Jefferson City, TN 37760.  
 Telephone: 865-475-2032 Ext.1107

Appalachian Electric Cooperative  
 Authorization Form for FREE Automatic Clearing House (ACH)

**(Please Print)** \_\_\_\_\_

Your Name as Shown on Bank Records

\_\_\_\_\_  
 Checking Account Number

\_\_\_\_\_  
 Name of Bank and Branch, if any

\_\_\_\_\_  
 Street Address of Bank

\_\_\_\_\_  
 City or Town

I hereby authorize my electric bill to be paid by my Bank:

\_\_\_\_\_  
 Depositors Signature

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 AEC Account#