

Warren County REMC

15 Midway Street
PO Box 37
Williamsport, IN 47993

765-762-6114
844-224-0710
Fax: 765-762-6117

www.wcremc.com

Automatic Bank Draft Authorization

Name – Please Print

Home Phone Number

Mobile Number

Address

City

State

Zip

E-mail address

REMC Account #

REMC Account #

REMC Account #

REMC Account #

REMC Account #

Name and address of financial institution

Financial institution routing (ABA) number

Checking Account Number

or

Savings Account Number

PLEASE ATTACH VOIDED CHECK

If you wish to have your payment withdrawn from a savings account, you can send a deposit slip.

Please DO NOT send a deposit slip for a checking account - it must be a voided check.

I authorize Warren County REMC and the financial institution named within to initiate entries to my checking or savings account.

I understand Warren County REMC reserves the right to terminate this agreement if entry is returned from the financial institution for any reason including but not limited to non-sufficient funds, cancellation of account or changes to information provided. I will be responsible for making the payment plus a \$40.00 fee. This fee can be changed at REMC discretion.

I understand that I can discontinue my participation in this plan by notifying Warren County REMC in writing by the 10th of the month.

Signature: _____
(Signature of REMC Account Holder)

Date: _____