

CHECK-FREE Registration Form

Name *(as it appears on your electric bill)* _____

Your Address _____

Your City _____

Your State _____ Your Zip Code _____

Your daytime phone number (_____) _____

Warren Electric account number *(on your bill)* _____

Name of Bank _____

Phone number of Bank (_____) _____

Bank Address _____

Bank City _____

Bank State _____ Bank Zip Code _____

Type of Account:

() Checking *(enclose copy of your voided check)*

Bank account number _____

Bank Routing or ABA Number _____

I authorize Warren Electric Cooperative to instruct my financial institution to make my electric payments from the account listed above on the appropriate date. I agree to maintain sufficient funds in this account to complete the transaction. I understand that I control my payments, and any time I decide to discontinue this payment service, I will notify Warren Electric Cooperative with three weeks advance notice. I understand Warren Electric Cooperative reserves the right to limit participation in CHECK-FREE to members whose accounts are in good standing. Payments rejected due to insufficient funds are subject to NSF check fees.

Signed _____ Date _____

(Signature of member)