

EFT Payment Authorization Form

Name _____ **Beginning Date** _____

Street _____ Amount _____

City _____ Account Balance _____

State/Zip _____ Co Energy Alliance Account # _____

Checking _____

Account # _____ (The numbers on the bottom middle of check)

Routing # _____ (The numbers on the bottom left of Check)

Please send a voided check along with the form

Instructions: Your automatic withdrawal cannot be set up unless we have a Voided check.

Authorization:

I hereby authorize Co Energy Alliance LLC to make the transfer(s) indicated above until further notice from me. The transfer(s) will be taken out approximately the 20th of each month. If this agreement changes any prior authorization between you and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payment(s). I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge that Co Energy Alliance LLC will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payments. I further agree to a \$30.00 service charge on any funds transferred, which are rejected due to insufficient funds.

Account Holder:

X _____ Date _____

Return by _____

X _____ Date _____