

CONCORDIA ELECTRIC COOPERATIVE, INC.
P.O. BOX 98/1865 HWY 84 WEST
JONESVILLE, LA 71343
318-339-7969 OR 1-800-617-6282 (WITHIN 318 AREA CODE)
DIRECT PAYMENT AUTHORIZATION ONE ACCOUNT

I (we) hereby authorize Concordia Electric Cooperative, Inc., hereinafter called "Company", to initiate debit entries and, if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip)

(Checking/Draft)

(Savings/Share)

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination in such a time and manner as to afford "Company" a reasonable time to act upon it.

(Recipient Signature)

(Printed Name)

(Date)

(Please attach a voided check or financial institution account verification letter to this form.)

DIRECT PAYMENT

"Company" Account Number _____

Employee's Signature _____

*Your account will be debited when the note "BANK DRAFT" appears on your card bill.