

# GARKANE ENERGY ELECTRONIC FUNDS TRANSFER PROGRAM

## Authorization Form

Name

Street Address

City

State

Zipcode

Telephone

Garkane Account Number

Bank Name

Routing Number

Bank Account Number

I, \_\_\_\_\_ hereby authorize Garkane Energy Cooperative to draw monthly bank drafts on my bank account shown above for the payment of my monthly electric bill. I understand that I can discontinue my participation in the Electronic Funds Transfer Program by notifying Garkane in writing. Both Garkane Energy and the bank also may terminate this agreement with ten (10) days written notice. I understand that Garkane Energy reserves the right to limit participation in the program to customers whose accounts are in good standing.

Applicant's Signature

Date

### IMPORTANT

Please attach a check marked "VOID" to this Authorization. Your bill will indicate when your payment will be made automatically by displaying the message, "BANK DRAFT DO NOT PAY". Please allow two billing periods for the plan to be implemented. Return completed form and voided check to  
dGarkane Energy PO Box 465, Loa, UT 84747