



## Authorization for Direct Payment via ACH

**Federated Rural Electric Association Account Number(s):** \_\_\_\_\_

Direct Payment via ACH is the transfer of funds from a Consumer Account for the purpose of making a payment.

**Check One:**    ☐ Begin Payment                                      ☐ Change Information

I (we) authorize Federated Rural Electric - Broadband ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with the laws of the United States and all applicable law.

**Depository (Bank) Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Name(s) on Account:** \_\_\_\_\_

**Debit Transaction Frequency:**

☐ **Recurring Entries** (Entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

**Date of first debit:** \_\_\_\_\_

**Number of and/or frequency of debits:** Once per month-based on statement due date.

**Authorized debit amount** (or method for determining amount): Monthly statement balance.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing at PO Box 69, 77100 Highway 71 S, Jackson MN 56143 that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 10 business days prior notice in order to cancel this authorization.

**Name(s):** \_\_\_\_\_  
(Please Print)

**Date:** \_\_\_\_\_ **Signature(s):** \_\_\_\_\_

**Instructions:** Please return completed form to: Federated Rural Electric, Attn: Billing, PO Box 69, Jackson, MN 56143-0069 along with a voided check or via email to [billing@frea.coop](mailto:billing@frea.coop). Please call 507-847-3520 with questions.