

ACH DRAFT AUTHORIZATION

I (we) hereby authorize **GREENBELT ELECTRIC COOPERATIVE, INC.** to draw monthly drafts from my (our) account at the financial institution named below for my (our) monthly charges incurred at the Cooperative. I (we) acknowledge that the origination of ACH debit transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution

Bank Routing Number

Bank Address

Bank Account Number

Bank City, State & Zip

Type: Checking or Savings

This authority is to remain in full force and effect until the Cooperative has received written notification from me (or either of us) of its termination in such time and manner as to afford the Cooperative and Financial Institution a reasonable opportunity to act on it.

Print Member/Account Name

Signature

Member Account # at Greenbelt

Date

PLEASE ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT SLIP HERE.