

P.O. BOX 138 • ASHLAND, MONTANA 59003 •OFFICE: 1-406-784-2341 •TRECO@tongueriverelectric.com

Tongue River Electric Cooperative, Inc. Automatic Bank Draft Bill Payment Authorization Form (Please Print)

| Please check one: | Begin Payment |
|-------------------|----------------------|
|-------------------|----------------------|

Change Payment Information

I authorize Tongue River Electric Cooperative, Inc. to initiate variable entries to my account identified below for payment of my electric bill.

I understand payments will be made **monthly** on the **10th** or the following business day for the amount specified on my monthly bill. Payments will continue until I notify TRECO by phone or in writing. I understand that TRECO requires at least 3 business days before the 10th of the month in order to cancel this authorization.

| Payments will begin on | , 10 th , 20 | |
|------------------------------------|-------------------------|--|
| Month | Year | |
| Bank Name | Routing Number | |
| Name on the Account | Account Number | |
| This account is a: Savings Account | Checking Account | |
| Authorized Signature | Date | |

TRECO Account number

Complete the 'Authorization Form' and return it to Tongue River Electric at your convenience.