

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
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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.