

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT

Automatic bill payment is an electronic funds transfer payment that saves you the trouble of writing a check to pay your electric bill.

Once you are signed up, you will receive your monthly statement marked "BANK DRAFT, DO NOT PAY." On the 17th day of the month in which the bill is due (or the next banking day), we notify your bank or financial institution of the amount to be transferred from your account to pay your electric bill. Your bank will deduct that amount from your account on the 17th or the next banking day.

Complete the following information in three simple steps:
***Complete the form below **Sign the authorization section**
*****Attach a voided check or deposit slip**

STANTON COUNTY PUBLIC POWER DISTRICT

AUTOMATIC BILL PAYMENT AUTHORIZATION

I (we) hereby authorize **Stanton County Public Power District** to initiate debit entries to my (our) Checking_____Savings_____account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

It is understood that this agreement may be terminated by me (either of us) at any time up to three business days before the 17th of the month by either oral or written notice to Stanton County Public Power District. Any such notification to Stanton County Public Power District shall be effective only with respect to entries initiated after receipt of such notification.

It is also understood that I (we) agree to be bound by the Operating Rules and Guidelines of the National Automated Clearing House Association and shall have the rights set forth here with respect to all entries initiated by Stanton County Public Power District pursuant to the agreement.

Depositor's Signature: _____ Date: _____

Depositor's Signature: _____ Date: _____

RETURN COMPLETED FORM AND VOIDED CHECK OR DEPOSIT SLIP TO:
Stanton County PPD, PO Box 319, Stanton NE 68779