



CRISP COUNTY POWER COMMISSION  
ACH Debit Authorization

For CCPC Internal Use Only

Member #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

1. Choose ONE:

- ADD (New Participant)
- CHANGE (Change Financial Institution and/or Bank Account Number)
- DELETE (Cancel Participation)

2. Choose ONE:

- INDIVIDUAL CCPC ACCOUNT NUMBER(S): \_\_\_\_\_
- BLANKET AUTHORIZATION FOR ALL CURRENT AND FUTURE CCPC ACCOUNTS FOR MEMBER NUMBER: \_\_\_\_\_

3. Complete the Following (Please Print or Type):

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|                                      |                            |
|--------------------------------------|----------------------------|
| CCPC Customer Name                   | CCPC Customer Phone Number |
| <hr/>                                |                            |
| Financial Institution Name           |                            |
| <hr/>                                |                            |
| Financial Institution Address        |                            |
| <hr/>                                |                            |
| Financial Institution City/State/Zip |                            |

**A voided check must be included with this form**

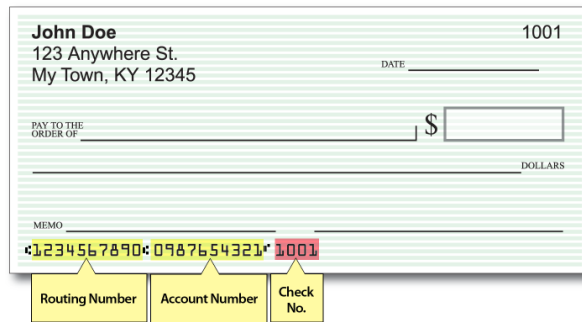
TRANSIT ROUTING NUMBER

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

FINANCIAL INSTITUTION ACCOUNT NUMBER

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

*Where are my routing and account numbers on my check?*



I hereby authorize CRISP COUNTY POWER COMMISSION, hereinafter called CCPC, to initiate debit entries and, if necessary, initiate credit correction or adjustment entries to my CHECKING account at the financial institution indicted above.

I understand the debit entries will RECUR MONTHLY on a date no earlier than the Due Date printed on my monthly bill. If the date of the debit falls on a non-banking day the debit will hit my account on the next banking day and will not hit my account prior to the authorized date.

I understand CCPC processes all draft authorizations immediately after they are received.

This authority is to remain in full force until CCPC has received written notification from me of its termination in such a time and manner as to afford CCPC and the Depository Institution a reasonable ability to act on it.

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|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|