

Wheatland Rural Electric Association
P. O. Box 1209
Wheatland, WY 82201

Bank Draft Authorization Form

I (we) hereby authorize Wheatland REA (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Branch: _____

Date: _____

Signature: _____

PLEASE PRINT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE CHECK ONE:

Checking Account: _____ Savings Account: _____

Electric Account Number(s):

Please attach a blank voided check