

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER**

Your Financial Institution Name (Depository): _____

Transit(ABA)#: _____ Account #: _____
(First 9 digits on the bottom of your check)

Checking Account: _____ OR Savings Account: _____

I hereby authorize **Dixie Power**, to initiate debit entries and if necessary, credit the same to the above named financial institution and account. I understand that it may take up to one month for the process to begin because my account information is pre-noted for verification before actual debit or credit entries are initiated from my account.

This authorization is to remain in full force and effect until **Dixie Power**, has received written notification from me (or either of us) of its termination in such time and in such manner to afford **Dixie Power**, and **Depository** a reasonable opportunity to act on it.

Authorized Member Signature: _____ Date: _____

Members Dixie Power Account #: _____

PLEASE ATTACH A VOIDED CHECK

(Please, no deposit slips)

**Return signed form and voided check to:
Dixie Power, 71 E Highway 56, Beryl UT 84714
For more information please call 435-439-5311 or 435-673-3297**