




Butler REC

Your Touchstone Energy[®] Cooperative 

Automatic Bill Payment Plan

The Automatic Bill Payment Plan conveniently pays your monthly electric bill by charging to your checking or savings account. Automatic Bill Payment is the most convenient, dependable, least expensive way to pay your monthly electric bill.

ENROLLMENT IS EASY: Simply complete the authorization form below and you can enjoy the ease of the Automatic Bill Payment Plan. Each month the amount of your bill will be deducted from your account. Please allow 30 to 60 days for your Automatic Bill Payment Plan to become effective.

HOW THE AUTOMATIC BILL PAYMENT PLAN WORKS: We will mail you a statement before your utility bill is due showing the exact amount that will be deducted from your account. Your bill will clearly state that it will be paid by automatic bank draft. If you have questions regarding your bill, you will have ample time to call us and resolve your concerns. No funds will be transferred from your account until your questions are answered. Payment information will also be shown on the regular statement you receive from your financial institution.

TERMS AND CONDITIONS OF AUTHORIZATION

1. **Authorization.** Review, complete, and sign an Authorization Agreement. Each payment shall be the same as if it were an instrument signed by you. **NOTE:** To ensure accurate account information, please enclose a voided check on the account from which your electric bill is to be paid.
2. **Revocation.** This authority remains in effect until revoked by your financial institution, Butler REC or You. You must notify Butler REC to discontinue your Automatic Bill Payment.
3. **Stop Payment.** You have the right to stop payment of a charge by notifying your financial institution up to three (3) business days prior to the charging of your account.

BREC BANK AUTHORIZATION

This authorizes BREC and my financial institution to automatically pay my monthly electric bill out of my check, savings or NOW account. I agree to all the terms and conditions of authorization.

Your Name _____ BREC Account No _____

Address _____

City _____ State _____ Zip _____ Phone _____

Bank Account # _____ Bank Name _____

Bank Address _____ Please select the type of account

City _____ State _____ Zip _____ Checking _____ Savings _____

Withdraw Date (circle one): Cycle 1 – 20th of each month Cycle 2 – 5th of each month

Date _____ Signature _____

IMPORTANT: PLEASE ATTACH VOIDED CHECK