

Application For Automatic Bank Draft

- I am interested in the Variable Budget Billing Plan. Please calculate what my monthly payment would be if I enroll. I understand there is no obligation.
- Please enroll me in the Automatic Bank Draft program.

NAME (Please print name as shown on statement)

ADDRESS WHERE NOLIN RECC SERVICE IS PROVIDED

CITY OR TOWN

ZIP CODE

HOME PHONE

BUSINESS PHONE

NOLIN RECC ACCOUNT NUMBER

NAME AND BRANCH OF FINANCIAL INSTITUTION

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

I hereby authorize my electric bills to be paid by Automatic Payment Draft*

SIGNATURE

DATE

Please include a copy of a voided check for verification of bank routing and account number.

* This authorization is to remain in effect until revoked by customer in writing. Until Nolin actually receives such notice, consumer agrees that Nolin shall be fully protected in honoring any such draft or check or in charging of same to consumer's bank account. Each month 10 to 12 days before the due date, Nolin will mail the consumer a statement which will note that the account will be paid by Bank Draft.

Please return with your bill payment or mail form separately to:

Nolin Rural Electric Cooperative
411 Ring Road
Elizabethtown, KY 42701-6767