



# TRI-COUNTY

## Electric Cooperative, Inc.

*"A Commitment to Service and Savings"*

Central Headquarters Office / 600 N W Parkway / Azle, Tx 76020 / Ph:(817)444-3201 or 1-800-367-8232 / Fax # (817)444-3542  
 Southwest District Office / 1623 Weatherford Hwy. / Granbury, Tx 76048 / Ph:(817)279-7010 / Fax # (817)279-7012  
 Northeast District Office / 4900 Keller Hicks Rd. / Fort Worth, Tx 76244 / Ph:(817)431-1541 / Fax # (817)431-9680  
 B-K District Office / 419 N. Main, P O Box Drawer 672 / Seymour, Tx 76380 / Ph: (940)888-3441 / Fax # (940)888-3820

## Application for Participation in the Tri-County Electric Cooperative, Inc. Automatic Draft Payment Plan

I the undersigned, wish to participate in the Tri-County Electric Cooperative Automatic Draft Payment Plan. I authorize Tri-County Electric Cooperative, Inc. to draw monthly bank drafts for payment of my electric bill and associated charges through the automatic payment plan (ACH) on the electric service accounts listed on this application. I understand that I may discontinue my participation at any time by notifying Tri-County Electric Cooperative, Inc. in writing. Both Tri-County Electric Cooperative, Inc. and the bank may terminate this agreement with (10) days written notice. Tri-County Electric Cooperative, Inc. reserves the right to limit participation in this program to members whose accounts are in good standing. I understand that a draft will be drawn on the due date for the total amount of the electric bill against the bank account that I have authorized with this application. I understand that if funds are not available in my account and the draft is returned unpaid to Tri-County Electric Cooperative, Inc., there will be a charge added to my electric service account.

A voided check showing the American Bankers Association bank identification number and the bank account number authorized for payment of electric service and associated charges is attached with this application.

Name: \_\_\_\_\_ Ph Home: \_\_\_\_\_

Electric Account No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Account No.: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Member Contact Made:  In Office  Telephone  Mail  Internet

**PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION**