



PAY BY BANK AUTHORIZATION

I/We hereby authorize Orcas Power & Light Cooperative to initiate withdrawals from my/our bank account to pay my/our electric account(s) on the 12th of the month or the next business day if the 12th should fall on a weekend or holiday. I/We agree that our rights in respect to each withdrawal shall be the same as if it were a check drawn on my/our account and personally signed by either of us and that OPALCO shall be fully protected in honoring such a withdrawal.

I/We further agree that if any such withdrawal is dishonored with cause, OPALCO shall be under no liability whatsoever if such dishonor results in late charges on my/our account with OPALCO. I/We have sixty (60) days from the payment charge to notify our bank of a dispute with the OPALCO billing and have the payment deposited back to my account. This payment authority is to remain in full force and effect until OPALCO has received written notification from me/either of us of its termination in such time and in such manner as to afford OPALCO a reasonable opportunity to act on it.

OPALCO Account # (s)

Name(s)

Address

Day Phone Number

Home Phone Number

Name of Bank or Banking Institution

Mailing Address of Bank or Banking Institution

Bank Account Number

Please enclose a voided check with this authorization form.

Signature

Date