



AMP



Automatic Monthly Payment Authorization Agreement

FreeState Electric account information

Member name(s): _____

Electric account number(s): _____

Banking information

Checking Savings

Routing number: _____

Account number: _____

*Please attach a voided check

Authorization

I/we hereby authorize FreeState Electric Cooperative, Inc. to initiate debit entries using this financial information provided. I/we understand that our **account will be debited on the 5th of every month** (or the following business day if that date falls on a weekend or holiday). I/we must have funds available, or a sufficient open credit line, on that day. A temporary hold in the amount of the debit may be placed on a banking account one business day prior. This authority is to remain in full force and effect until FreeState Electric Cooperative, Inc. receives notification from me/us of its termination in such time and in such manner as to afford FreeState Electric Cooperative, Inc. and Depository a reasonable opportunity to act on it. FreeState Electric Cooperative, Inc. reserves the right to withdraw this service at any time.

Signature(s): _____

Date: _____ Email address: _____

Your billing statement will show "**AutoPay on xx/xx/xx – Do Not Pay**" when automatic monthly payments have successfully been added to your account. Please note, accounts will need to go through a full billing cycle before this change takes effect!

Please return this completed form to P.O. Box 70, McLouth, KS 66054

For your security, DO NOT email your financial information. You may also securely enroll in AMP through SmartHub or by calling (800) 794-1989, #2

Office use only:

Received by: _____

Entered by: _____

Date: _____