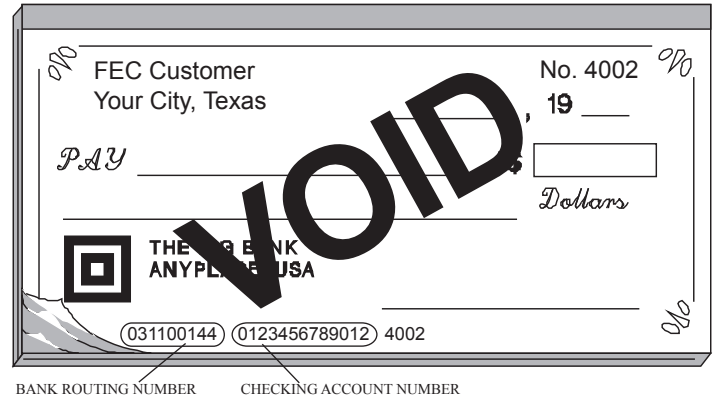


Let Fayette Electric reduce the time you spend paying bills each month. Why not sign up today for automatic drafting of your utility bill? You'll save time, money and postage! Bank draft is processed on or about the 10th of the month at no extra cost and offers the benefit of having one less check to write and mail. Members will continue to receive a monthly statement with the message "Automatic Draft - Do Not Pay."

Simply complete the application below and enclose a VOIDED check with the application in the enclosed envelope.



BANK DRAFT INFORMATION

Please carefully read all of the program information prior to filling out the application. Failure to provide us with the information requested will delay the processing of your application.

In order to process your application we need the following information:

- ✓ Your Name and Address
- ✓ Your Bank's Name and Address
- ✓ Your Bank's Routing Number
(Located on the bottom left hand side of your check. See check sample.)
- ✓ Your Checking or Savings Account Number
- ✓ A Blank Check marked "VOID", if you want the deductions to come from your checking account
- ✓ Your Fayette Electric Co-op Account Number
- ✓ Your Daytime Phone Number
- ✓ Your Signature and the date you signed the application

You must continue to make regular monthly payments until you receive a bill that states "Automatic Draft - Do Not Pay".

If you have any questions, please call us at **1-800-874-8290** or **979-968-3181**. Personnel are available to answer your questions Monday through Friday, 8:00 a.m. to 5:00 p.m., Central Standard Time.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

I (we) authorize Fayette Electric Cooperative, Inc., hereinafter called COOPERATIVE to automatically deduct monthly payments from the checking or savings account indicated below and I (we) authorize the financial institution holding that checking or savings account to honor the deductions. I (we) understand that on or about the **10th of each month**, the monthly utility payment will be deducted from the checking or savings account indicated below.

I (we) understand that if my account being charged for my electric bill is insufficient to pay my bill, I remain liable and responsible to timely pay my bill, including any late fees that may apply.

This authorization will remain in effect until the Cooperative and the financial institution holding the checking or savings account indicated below have received written notification or termination from me (or either of us) and have had a reasonable opportunity to act on it.

BANK DRAFT APPLICATION

_____/_____
FEC Account Name / FEC Account Number

Your Name

Your Address

City, State and Zip

Your Signature

_____/_____
Today's Date / Daytime Phone Number

This automatic recurring payment will not be effective until the next billing cycle. Any outstanding balances must be paid by the due date stated on your bill.

Please check type of account: Checking Savings

Bank's Name

Bank's Street Address

Bank's City, State and Zip

_____/_____
Bank's Routing Number / Your Checking/Savings Acct. Number

Detach this section and attach a VOIDED check and return to FEC at the address on the back of this brochure.