## **AUTHORIZATION FORM - ELECTRONIC FUNDS TRANSFER**

## Please complete and return this form to: Holmes-Wayne Electric Cooperative, Inc. P.O. Box 112 Millersburg, OH 44654-0112 Fax: 330-674-1869

Email: memberservices@hwecoop.com

Customer Information: Name (as shown on bill)	
HWE Account Number #	Telephone #
Service Address	
City	State Zip
payments to them from the accany time I decide to discontinue	ctric Cooperative, Inc. to instruct my financial institution to make my ount listed below. I understand that I control my payments, and if at a this payment service, I will notify Holmes-Wayne Electric owing 60 days for cancelation of this arrangement.
Signature	Date
withdrawal of payment.	s for your bank to verify correct routing and account number for d when payments are set to draft: BANK DRAFT DO NOT PAY
Financial Institution Name	
Type of Account [ ]	Checking [ ] Savings
Bank Routing Number	Account Number

Please enclose a voided check so that we can record the correct financial information.

<u>Please Note:</u> Once you are placed on the EFT Payment Program, if you have two returned payments due to insufficient funds your account will be removed from the program.

Please continue to read your meter and submit your reading on the payment due date through SmartHub (online or app), by email, memberservices@hwecoop.com or by phone, 866-674-1055.

If you want payments to draft from your bank or credit card (Visa/Mastercard), you can set up auto pay through our SmartHub online, or through our SmartHub app on your iPhone or Android phone.

Please contact us with any questions at 866-674-1055.