

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: newmember@hwecoop.com

Customer Information:

Name (as shown on bill) _____

HWE Account Number _____ Telephone # _____

Service Address _____

City _____ State _____ Zip _____

I authorize Holmes-Wayne Electric Cooperative, Inc. to instruct my financial institution to make my payments to them from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Holmes-Wayne Electric Cooperative, Inc. in writing, allowing 60 days for cancelation of this arrangement.

Signature _____ Date _____

****Please choose only one form of payment****

Direct Payment

Financial Institution Name _____

Type of Account Checking Savings

Bank Routing/Transit Number _____ Account Number _____

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

Credit Card Payment

Type of Credit Card Visa MasterCard

Credit Card Number _____ Expiration Date _____

Please Note: Once you are placed on the EFT Payment Program, if you have two returned payments due to insufficient funds or two declined credit card payments, your account will be removed from the program. Also, if you have authorized credit card payments, please inform our billing department of the updated expiration date when you receive a new credit card. Please continue to read your meter and submit the reading on our website at www.hwecoop.com, through our mobile app, **SmartHub NISC**, via email or phone. Thank you.