

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Traverse Electric Coop., Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

NAME OF FINANCIAL INSTITUTION

STREET CITY STATE ZIP

SIGNATURE DATE

NAME -- (PLEASE PRINT)

ADDRESS -- (PLEASE PRINT)

Checking Account No. Savings Account No.

Financial Institution Routing Number

RETAIN FOR YOUR RECORDS

On I authorized

Traverse Electric Coop., Inc.

P.O. BOX 66, WHEATON, MN 56296

Phone: 320-563-8616 to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

STAPLE VOIDED CHECK HERE