

AUTHORIZATION AGEEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
for
Washington – St Tammany Electric Cooperative

WSTE Account Information:

Name on the Account : _____

Account Number: _____

DEPOSITORY Information

Bank/Credit Union Name _____

Address _____

City _____ State _____ Zip _____

Bank/Credit Union Phone Number _____

Routing Number _____

Account Number _____

Authorization

I (we) hereby authorize Washington - St. Tammany to initiate debit entries to my (our) checking or savings account at the depository financial institution entered above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until Washington - St. Tammany Electric has received mail, fax or internet notification from me (or either of us) of its termination in such time and in such manner as to afford Washington - St. Tammany Electric and the financial institution entered above opportunity to act on it.

Name(s) _____
(Please Print)

(Please Print)

(Signature)

(Signature)

(Date)

(Date)

Attach your voided check to this form.

Completed form with voided check may be dropped off at any WST office or mailed to:

Attn: Bank Draft Form
WST Electric Cooperative
PO Box 697
Franklinton LA 70438

If you have any questions, please contact us at (985) 839-3562.