

**Taylor County Rural Electric Cooperative Corporation**  
**P O Box 100, 625 West Main Street, Campbellsville, KY 42719**  
**Phone Number 1-800-931-4551 \* Fax Number 1-270-789-3625**

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**ACH Bank Draft Payments Sign-Up Form**  
**Make sure to include a Voided Check when returning to the office.**

**MEMBER INFORMATION**

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

**FINANCIAL INSTITUTION INFORMATION**

Bank Name: \_\_\_\_\_

Bank Routing/Transit No: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Type (circle one):    CHECKING        /        SAVINGS

Account No: \_\_\_\_\_

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH Transactions, and that I am authorized to provide this information.

I hereby authorize Taylor County RECC to withdraw payments against my account at the bank listed on the attached voided check.

This authorization is to remain in effect until Taylor County RECC has received notification to cancel at least ten (10) business days prior to the due date.

\_\_\_\_\_  
Printed Authorized Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date