

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

With BCPPD's convenient, free Bank Draft service, your utility payment is automatically deducted from your checking or savings account. You will still receive a monthly statement from BCPPD showing the current charges and the previous month's payment reflected on your balance. The automatic withdrawal payment will be deducted from your account on the 20th of the month.

Fill out this form and mail to Burt County Public Power, PO BOX 209, Tekamah, NE 68061; or drop it off at our business office: 613 N 13th Street, Tekamah, NE. Please allow two weeks for processing.

Please fill out the following information as it appears on your bill.

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PLEASE SUBMIT THE FORM WITH A VOIDED CHECK.

Name: _____

Mailing Address:

	Home Phone #: (Street	,	State Work Phone		Zip)	
	BCPPD Account #:(List multiple accounts if needed)						
	Name of the Bank: _						
	Routing Number:						
	Account Number:						
	Please circle type of	account:	Checking	or	Saving	js	
and authoriz authority is to written notific	norize Burt County Pu e the transfer of payn o remain in full force a cation from me of its t ct & my financial insti	nent in the ame and effect until ermination in s	ount showing Burt County I such time & m	as Amount I Public Powe anner as to	Due on r Distric afford E	my mont	hly bill. This
Authorized Signature:							
	Effective Date:						