

**Authorization Agreement**

Direct Payment via ACH is the transfer of funds from a consumer / business account for the purpose of making a payment.

I (we) hereby authorize Fulton Electric System, hereinafter called COMPANY, to electronically debit my (our) account indicated below and the financial institution names below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of the ACH transaction to my (our) account must comply with the provisions of U.S. law.

**Primary Account:**

Financial Institution Name

Service Address

Fulton, KY  
City / State

42041  
Zip

Routing Number

Account Number

Type of Account:

Checking  
 Savings

Date(s) and/or frequency of debit(s):  
Amount to withdrawal:

Due Date / month  
monthly statement

This authority is to remain in full force and effective until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Name or Business

Signature / Title

Date

**PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM**