

AUTHORIZATION FOR AUTOMATIC PAYMENT

Name or Business (please print) _____

Phone Number _____

Address _____

City, State, Zip _____

CREDIT OR DEBIT CARD

Include the account number(s) for the service(s) you would like to have paid automatically using a credit or debit card. For Electric, please make note of your billing cycle as some dates may not be available for your billing cycle.

Electric _____ BOLT _____

To make your recurring, monthly payment by credit or debit card, please provide the following information:

Credit or Debit Card Number _____

(Once your account is set up, the card number will be redacted for your security. The last 4 digits will be kept on file.)

Expiration Date _____ (select one) DEBIT VISA MASTERCARD DISCOVER

Select the day of the month that works for you.

Cycle 1 -- 5th, 10th, 15th, 20th, 25th

BOLT: will automatically deduct on your payment due date

Electric: Cycle 2 -- 5th, 10th, 20th, 25th

Cycle 3 -- 5th, 10th, 15th, 25th

Cycle 4 -- 5th, 10th, 15th, 20th, 25th

ELECTRONIC FUNDS TRANSFER

Include the account number(s) for the service(s) you would like to have paid automatically using an electronic fund transfer from your bank or credit union account. *If selecting checking account, please provide a voided check.*

Electric _____ BOLT _____

Name of Financial Institution _____

Address of Financial Institution _____

City, State, Zip _____

Select One: Personal Commercial

Checking Account Number _____ Savings Account Number _____

Financial Institution Routing Number _____

(Left bottom of check between the first set of these |: symbols.)

Select the day of the month that works for you.

Cycle 1 -- 5th, 10th, 15th, 20th, 25th

BOLT: will automatically deduct on your payment due date

Electric: Cycle 2 -- 5th, 10th, 20th, 25th

Cycle 3 -- 5th, 10th, 15th, 20th, 25th

Cycle 4 -- 5th, 10th, 15th, 20th, 25th

I authorize Northeast Oklahoma Electric Cooperative and/or BOLT Fiber Optic Services and the financial institution(s) named above to initiate automated, scheduled payments using the accounts and information I have provided. This authority will remain in effect until I notify with 30 days written notice to terminate this payment service. I can stop payment of any entry by notifying my financial institution by the 1st of the month. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my statement or 60 days after posting, whichever occurs first. I understand the payment amount will vary depending upon the usage on my account(s). Amount(s) will be withdrawn or paid on the due date of my bill(s). I further understand that all information on this form must be correct. If it is not, the account(s) will revert to regular payment and late fees will apply. I understand the monies for payment must be available or my account(s) will be subject to removal from this convenience. I understand automatic payments for my electric service will require the selection of an eligible payment date (provided by Northeast Oklahoma Electric member service representatives) based on my billing cycle.

Signature of Approval _____ Date _____

- Save time and always make your payment on time, even if you are on vacation
- Proof of payment appears on your next statement
- Dependable, flexible, and convenient. If you need to change the payment date, contact our office.

Return this form by mail to:
 MEMBER SERVICES
 NOEC/BOLT
 P O BOX 948
 VINITA OK 74301

Or by fax:
 Vinita - 918-256-9304
 Grove - 918-256-9457