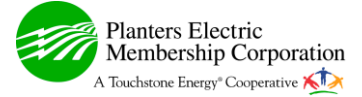


**Authorization for Automated Clearing House (ACH) Debits**  New  Change existing

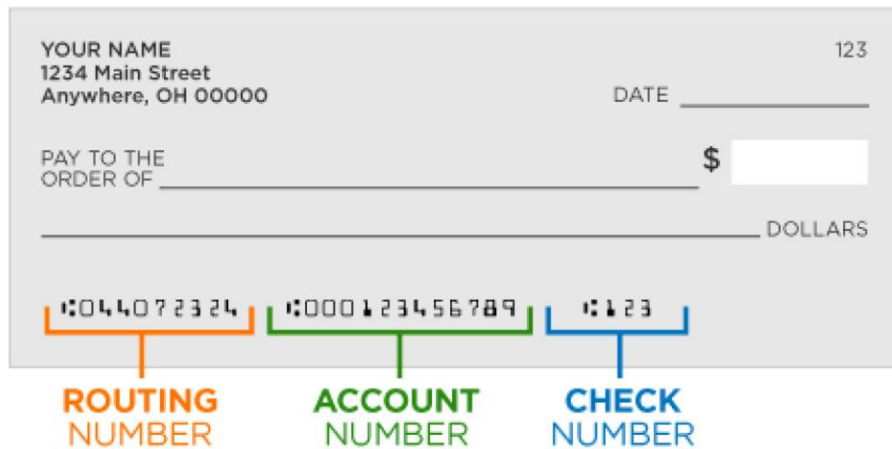


**\*\* All information below must be filled in. (Please Print) \*\***

Print name as shown on Financial Institution records where deposit account is located		
Name of Financial Institution		Bank Branch Office
Address of Financial Institution		
City	State	Zip Code
Name on electric account		Electric account number
(Fill in information from your checking account below:) See check example below for location of information		
Routing Number		Bank Account Number

TO THE NAMED FINANCIAL INSTITUTION: I (we) hereby request and authorize you to pay and charge to the above referenced account ACH Debits transmitted to that account by and payable to the order of the Queensborough National Bank and Trust provided there are sufficient funds in the account to pay the same upon presentation. I (we) agree that your rights in respect to each debit transmitted to you shall be the same as if it were an ACH Debit transmitted to you and signed personally by me (us). This authority is to remain in effect until revoked by me (or either of us) in writing; and until you actually receive such notice. I (we) agree that you shall be fully protected in honoring any such ACH Debit. I (we) further agree that if any such ACH Debit shall be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever.

\_\_\_\_\_  
Authorized Signature as per Financial Records \_\_\_\_\_  
Date



Planters EMC Office use only		
DRAFT CODE		
MBRSEP#)	Electric Account Name	Notes