

# AUTHORIZATION FORM - DIRECT PAYMENT ONLY

**Please complete and return this form to:**

Guernsey-Muskingum Electric Cooperative, Inc.  
17 South Liberty Street  
New Concord, OH 43762

**Customer Information:**

Name (as shown on bill) \_\_\_\_\_

GMEC Account Number(s) \_\_\_\_\_

**\*\*\* Please list all GMEC accounts authorized for Direct Payment. \*\*\***

Telephone Number \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Direct Payment Plan

I authorize Guernsey-Muskingum Electric Cooperative, Inc. to instruct my financial institution to make my payments to them from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Guernsey-Muskingum Electric Cooperative, Inc. in writing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Type of Account     Checking     Savings

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

Financial Institution Routing/Transit Number \_\_\_\_\_

**\*\*\* Please enclose a voided check so that we can record the correct financial information. \*\*\***

Note: Consumer must notify Guernsey-Muskingum Electric Cooperative, Inc in writing within 60 days to cancel the direct payment plan.

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