## **Franklin REC**

## Automatic Bill Payment Authorization

I authorize Franklin REC to automatically draft from my checking or savings account, as noted below, for my monthly Franklin REC bill charges.

I understand this automatic draft will continue to recur each month for the amount due.

I may revoke this automatic payment authorization at any time with thirty (30) days notice to Franklin REC.

I also understand that I am responsible for ensuring the necessary funds are available at the time the draft occurs. I will continue to be responsible for payment should anything prohibit regular payment in this manner.

Name on Franklin REC Account Number(s)

\_\_\_\_\_\_

**Signature of Account Holder** 

**Bank Routing Number** 

Checking Account Draft

Please provide a voided check to set up a checking account draft.

Savings Account Draft
Savings Account Number

Date

Payment withdrawal occurs on the 25th of each month.

(or following business day, if the 25th is a weekend or a holiday)