

AUTOMATIC BANK DRAFT APPLICATION FORM

() Please enroll me in the Automatic Bank Draft.

NAME (Please print name as shown on bank statement)

ADDRESS WHERE NOLIN SERVICE IS PROVIDED

CITY OR TOWN

ZIP CODE

HOME PHONE

BUSINESS PHONE

NOLIN ACCOUNT NUMBER

NAME AND BRANCH OF FINANCIAL INSTITUTION

BANK ROUTING NUMBER

CHECKING ACCOUNT NUMBER

I hereby authorize my electric bills to be paid by my financial institution.*

DEPOSITOR SIGNATURE

DATE

Please include a copy of a deposit slip or voided check for verification of account number.

*This authorization is to remain in effect until revoked by consumer in writing. Until Nolin actually receives such notice, consumer agrees that Nolin shall be fully protected in honoring any such draft or check or in charging of same to consumer's checking account. Each month 10 to 12 days before the due date, Nolin will mail consumer a copy of the bill marked "Paid by Bank Draft".

Please return this application to:

NOLIN RURAL ELECTRIC COOPERTIVE
411 RING ROAD
ELIZABETHTOWN, KY 42701-8701