SUREPAY PROGRAM
AUTHORIZATION TO HONOR UTILITY BILL

NAME OF BANK _____

LOCATION _____

I, the undersigned, a member of Graham County Electric Cooperative, Inc. and, or Graham County Utilities, Inc., do hereby authorize said cooperatives, through an authorized employee, to present monthly energy bills to the above named financial institution for payment as an automatic ACH transaction. I understand my responsibility to let the cooperatives know about any changes to my bank account information at least ten days before payment is to be deducted. I further authorize said financial institution to pay those bills from my account until such time as I may revoke this order with at least ten days advance written notice.

Bills will be deducted on the 10th of every month unless that date falls on a weekend or holiday, in which case they will be deducted on the following business day.

_____	_____
Bank Account #	Bank Account Holder Name
_____	_____
Bank Account Holder Signature	Date
_____	_____
Mailing Address	Phone Number

_____	_____
Customer # *(Located on utility bill)*	Member Name *(If different than above)*
_____	_____
Member Signature	Date

Note: Questions?? Call GCEC at (928) 485-2451.

<u>Please return the completed form along with a "VOIDED" check to</u>:

Graham County Electric Cooperative, Inc.
Attention SurePay Program
PO Drawer B
Pima, AZ 85543