

Franklin REC

Automatic Bill Payment Authorization

I authorize Franklin REC to automatically draft my bank account as noted below for my monthly Franklin REC charges. I understand that 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 written notice to Franklin REC at the address identified below.

I also understand that I am responsible for ensuring that 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. I will contact Franklin REC should I have questions concerning my bill.

Signature of Account Holder	Date
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PLEASE PRINT:

Name on Franklin REC Account

Franklin REC Account Number(s)

Checking/Savings account (circle)

Please attach a voided check to set up a checking account draft or other information from bank verifying account information.

Your Bank's Name

Your Bank's Address

Complete and return with

payment or mail to:

Franklin REC

Attn: Billing Department

P.O. Box 437

Hampton, IA 50441