

AUTHORIZATION TO HONOR DRAFTS DRAWN BY WHEAT BELT PUBLIC POWER DISTRICT

Date:

Name of bank:

Address:

City: Zip: State:

I hereby request and authorize you to pay and charge my account drafts drawn on my account by and payable to the order of the Wheat Belt Public Power District. I agree that your rights in respect to each draft shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notification, I agree that you shall be fully protected in honoring any such check.

Automatic Bank Draft

Draft on Demand Permanent Draft Date:

or contact us the day you wish us to draft your account

Customer's Wheat Belt PPD Account Number/s:

Customer's Bank Account Number:

Customer's Bank ABA Number:

Signature of
Customer: _____

(must be signed to process)