

### ***Automatic Bill Payment (ACH)***

To better serve our customers, Twin Valleys Public Power District offers "**Automatic Bill Payment**" (ACH). No longer worry about the bill getting lost or not being able to pay your bills while you are out of town on business or vacation. ACH allows for the convenience of an automatic transfer of funds from your bank account to pay your monthly electric bill.

This is how the program works: if your service is billed monthly, shortly after the 15th of each month, you will receive a billing card just like you get now, except the bill will have a message on it that reads "**Do Not Remit -- Paid by Your Bank.**" This billing card will show the exact amount to be withdrawn from your account on the 21st, or first working day after the 21st of that month.

**To have your service set up on ACH Bill payment, please print and complete an ACH Form and mail it to Twin Valleys Public Power District along with a voided check. If you have questions regarding Automatic Bill Payment, call Twin Valleys Public Power District at 800-658-4266 or 697-3315. ACH Bill Payment is subject to check writing rules and regulations.**

Account to be credited 105700661520

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DEBITS)  
AUTOMATED CLEARING HOUSE

COMPANY NAME: Twin Valleys Public Power District (the "Company")  
TAX ID NO: 47-6007405  
COMPANY ADDRESS: PO Box 160, Cambridge, Nebraska 69022

I (we) hereby authorize the Company to initiate debit entries to my (our) checking account indicated below and the Depository named below to debit the same to such account. The authorization hereunder is for the amount of my monthly billing on **TVPPD account(s)** \_\_\_\_\_ to be debited to my bank account on the 21<sup>st</sup> day of each month and thereafter until canceled in writing.

This authority is to remain in full force and effect until the Company and the Depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and Bank a reasonable opportunity to act on it. I (we) have the right to stop payment of charge entries by notifying the Bank prior to the time the account has been charged. Any error or incorrect charge will be corrected upon notification to the Bank.

CUSTOMER NAME(S): \_\_\_\_\_  
DEPOSITORY INSTITUTION: \_\_\_\_\_  
CITY: \_\_\_\_\_  
ABA NO: \_\_\_\_\_ BANK ACCOUNT NO: \_\_\_\_\_  
DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**Note: To ensure proper bank coding, *please attach a voided check* with your account information and the bank routing number. IT IS IMPORTANT THAT ALL NUMBERS ARE CODED EXACTLY RIGHT IN THE COMPUTER FOR THE ACH PROCESS TO TAKE PLACE CORRECTLY.**