

Authorization Agreement for Pre-Authorized Payments

I /we hereby authorize Cornhusker Public Power District to initiate debit (withdrawal) entries to my/our checking/savings account in the financial institution or bank named below to make payments for my/our account(s) with Cornhusker Power listed below. I/ we further authorize the bank to debit such entries to my/our account(s) listed below.

Name of Financial Institution

Bank Account Number

Bank Location, Town and State

Cornhusker Power Account Number

Cornhusker Power Account Number

Cornhusker Power Account Number

It is understood that this agreement is to remain in full force and effect unless terminated by me in writing by the first of any month.

Depositor's Signature

Date

Depositor's Signature

Date

Cornhusker Power Office Use Only

Transit/ABA#: _____

Beginning Draft Date: _____

Cancellation Date: _____

Entered: _____

Entered: _____

Entered: _____

Entered: _____