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Gunnison County Electric Association, Inc. 37250 Hwy. 50 • P.O. Box 180 Gunnison, CO 81230 Toll Free: 1-800-726-3523 Web Site: www.gcea.coop



Authorization Agreement for Electronic Fund Transfer

| Financial Institution: | | | |
|---|--|---|--|
| Bank Address: | | | |
| City: | State: | Zip: | |
| Routing #: | Bank account # | : | |
| Please check one: Checking | Account (| _) Savings Account (d check | |
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| have my deposit waived, GCE posit. I understand that if my minimum fee of \$25.00 will be charge on my account, I understand | A considers this form of payme Electronic Fund Transfer amo be added to my account. At the tand that my Electronic Fund T | r from my checking or savings account a guarantee of payment in lieu of a punt comes back for nonsufficient function first delinquent or nonsufficient first fransfer checking or savings account in eposit at that time. I agree to the term | ds, a unds nfor- |
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