



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT**

CUSTOMER NAME		
ADDRESS		
CITY	STATE	ZIP
CUSTOMER CONTACT	PHONE	FAX

\_\_\_\_\_ (“CUSTOMER”) DOES HEREBY AUTHORIZES WORLD ENERGY ALTERNATIVES, LLC TO INITIATE ELECTRONIC DEBIT AND/OR CREDIT ENTRIES TO CUSTOMER’S ACCOUNT INDICATED BELOW AND DOES FURTHER AUTHORIZE THE DEPOSITORY INSTITUTION NAMED BELOW TO DEBIT AND/OR CREDIT SUCH ENTRIES TO THE CUSTOMER’S ACCOUNT

BANK NAME		
BANK ADDRESS		
CITY	STATE	ZIP
BANK ROUTING NUMBER (TRANSIT/ABA)	CUSTOMER ACCOUNT NUMBER	
ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
BANK CONTACT PERSON	BANK PHONE NUMBER	

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL TERMINATED UPON THIRTY (30) DAYS WRITTEN NOTICE BY EITHER CUSTOMER OR WORLD ENERGY ALTERNATIVES, LLC. NOTICE OF TERMINATION SHALL IN NO WAY AFFECT DEBIT AND/OR CREDIT ENTRIES INITIATED PRIOR TO ACTUAL RECEIPT OF NOTICE.

**WORLD ENERGY ALTERNATIVES, LLC:**

**CUSTOMER AUTHORIZATION:**

AUTHORIZED SIGNATURE/DATE	AUTHORIZED SIGNATURE/DATE
TITLE	TITLE