

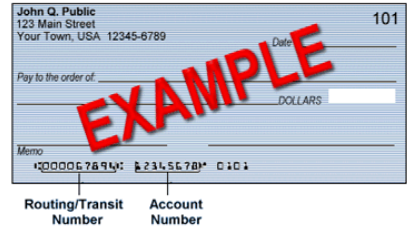
FLINT HILLS RECA AUTOMATED BILL PAYMENT

I (we) hereby authorize Flint Hills RECA, Inc. to initiate debit entries of my (our) Checking account indicated below and the depository named below, hereinafter called Bank, to debit same to such account.

Bank Name _____

Routing Number _____

Checking Account No. _____



This authority is to remain in full force and effect until Flint Hills RECA, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Flint Hills RECA, Inc. a reasonable opportunity to act on it.

Electric account numbers to be automatically billed to the above account:

I PREFER FUNDS TO BE WITHDRAWN ON the (Circle one) 10th or 18th of each each month. I understand that automatic bill payment will begin after my next regular billing cycle.

Name _____ Date _____

Signed _____

_____ Check here if you wish to receive your bill via E-mail instead of a paper bill

E-mail address _____

Mail form to:

Flint Hills RECA
PO Box B
Council Grove, KS 66846