



Regions Bank
energy right® Accounting
ALBH40202B
2050 Parkway Office Circle
Birmingham, Alabama 35244
800-727-2931 – toll free
800-727-2933 – fax
TVA.Correspondence@regions.com – e-mail address

******ATTENTION QCN MEMBERS******

Please take a few moments to complete this and the attached form and return it to the fax number given above. In the event that you complete a job under this program, having this documentation submitted will prevent any delays in funding. Thank you in advance for your time and attention.

QCN Member Name: _____

Address: _____

e-mail Address: _____

Our Primary Contact: _____

Phone: _____

Fax: _____

Our Secondary Contact: _____

Phone: _____

Fax: _____



INSTRUCTIONS FOR AUTHORIZATION FORM

These instructions are provided in order to assist the Company in obtaining the necessary information and authorization from each payee so the Pre-Authorized Transfer service may begin. Please fill out the form according to the numbered instructions below that corresponds to the numbers on the form. Attach a voided check OR a blank deposit form to the Authorization Agreement.

- 1. Company Name
2. Company I.D. Number
3. Bank Name
4. Bank Address
5. Branch Location
6. Bank Transit/ABA Number
7. Account Number
8. Name
9. Date
10. Signature
11. Email Address

Attach a voided check or blank deposit ticket.

Regions Bank AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT / DRAFT

1. Regions Bank COMPANY NAME
2. 63-0935103 COMPANY I.D. NUMBER

I authorize the above named Company and the financial institution listed below to electronically deposit funds to the specified account below.

Checking Savings Account

3. BANK NAME
4. BANK MAILING ADDRESS

5. BRANCH LOCATION
CITY/STATE/ZIP CODE

6. BANK TRANSIT/ABA NUMBER
7. ACCOUNT NUMBER

8. ACCOUNT OWNER'S NAME (PLEASE PRINT)
9. DATE

If monies to which I am not entitled are deposited to my account. I authorize my financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing.

10. AUTHORIZED SIGNATURE
11. EMAIL ADDRESS

TAX ID NUMBER MAILING ADDRESS

CITY STATE ZIP

-PLEASE ATTACH A VOIDED CHECK OR DEPOSIT TICKET-