

**EFT AUTHORIZATION FORM**

(“COMPANY”) sells goods and/or services to PACIFICORP and/or one or more of its wholly-owned subsidiaries (herein collectively called “PACIFICORP").

PACIFICORP desires the flexibility to make payments for such goods and/or services by electronic funds transfers ("EFT") through the automated clearing house system, and COMPANY agrees to grant flexibility.

Therefore, COMPANY hereby (1) authorizes PACIFICORP to make payments for goods and services by EFT, (2) certifies that if it has selected the following depository institution, and (3) directs that all such electronic funds transfers be made as provided below:

**Depository Institution: **

**Account Name: **

**ACH Routing Number: Acct Number:**

**Address: **

**Bank Contact Name: **

**Area Code & Phone Number: **

**Remittance Advice Email: **

COMPANY, acknowledges and agrees that the terms and conditions of all agreements with PACIFICORP concerning the method and timing of payments for goods and services shall be amended as provided herein.

An EFT payment from PACIFICORP to COMPANY shall be considered timely if the payment is completed no later than the payment due date determined by the applicable agreement for goods and services. If the EFT payment cannot be completed on such date, PACIFICORP’s payment is timely if the funds transfer is completed on the next day completion can occur. The EFT payment shall be deemed completed when COMPANY's Depository Institution receives or has control of the payment.

COMPANY will give thirty (30) days advance notice in writing to PACIFICORP of any changes in its depository institution or other payment instructions. Such notification and this authorization form shall be delivered to:

PacifiCorp

Attn: Accounts Payable

 Email: aphelp@PacifiCorp.com

PO Box 3040

Portland, OR 97208-3040

When properly executed, this Authorization will become effective fifteen *(15)* days after its receipt by PACIFICORP.

 

COMPANY EFT Contact (Name of COMPANY)

Phone # By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Authorized Representative)

Mailing Address  Title 

 Date 