

Authorization for Payment of Electric Bill by Automatic Bank Draft Draft

Instructions

Please complete this form and return it to Coastal Electric Cooperative **along with a voided check from the account to be drafted**. All draft authorizations are processed immediately after they are received. Upon receipt of your next bill, you will see in the message box the draft status of your account. If you have any questions, please contact our office Monday through Thursday, 8:00 AM to 5:30 PM and Friday from 8:00 AM to 5:00 PM Eastern Time, excluding holidays.

To be completed by Member

I hereby authorize Coastal Electric Cooperative to initiate entries to my checking account at the financial institution listed below and, if necessary, to initiate adjustments for any transactions credited in error. This authority will remain in effect until Coastal Electric Cooperative is notified by me in writing to cancel it in such time as to afford Coastal Electric Cooperative and my financial institution a reasonable opportunity to act upon it.

Name _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Daytime Telephone Number _____

Financial Institution _____

Branch Address _____

Bank Routing/Transit Number _____

Bank Account Number _____

For Office Use Only

Account Number _____ Cycle _____