



Bank Draft Authorization Form

Customer Information

Name (as shown on Electric Bill)

Electric Bill Account #

Phone Number

Service Address

City

State

Zip

Bank Information

Bank Name

Name on Account

Bank Phone Number

Bank Address

City

State

Zip

Checking Savings
Type of Bank Account

Bank Routing Number (9 digits)

Bank Account Number

Important Note & Signature

It will not be necessary for North East Mississippi Electric Power Association or anyone employed by it to sign such drafts or checks, and I agree that your rights in respect to each such draft or check shall be the same as if issued and signed personally by me. I further agree that you shall be under no obligation to furnish me with any special advice or notice in writing or otherwise of the presentment or payment of any such draft or check or the charging of the same to my account. This authorization is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such draft or check.

I hereby authorize my electric bills to be paid by my bank.

Customer Signature _____ Date _____

Please Attach A VOIDED CHECK

For Account Verification