

AUTHORITY TO HONOR DRAFT

TO THE

Name of Bank

Mailing Address

THIS IS TO ADVISE YOU , that I , the undersigned , a member of COLEMAN COUNTY ELECTRIC COOPERATIVE, INC. , P.O. BOX 860, COLEMAN , TEXAS 76834 , do hereby authorized said Cooperative, through its authorized employee, to draw monthly drafts on my account in your bank for current electric account and service furnished to me by the said Cooperative, and I do hereby authorize my bank to honor such drafts, until such time as I may revoke this order.

bank account number

name on electric account

bank transit number

authorized signature

PLEASE INCLUDE A VOIDED CHECK

This draft authorization form is to remind you of our draft program used by many of our members. If you are interested, simply fill in the above information and sign the authorization with your usual bank account signature.

You will receive a your regular bill statement every month showing the amount to be drafted, which is 15 days from the invoice date shown on the bill statement stub.

COLEMAN COUNTY ELECTRIC COOPERATIVE, INC.

I, _____do hereby authorize the Coleman County Electric Cooperative to draw on the _____ Bank to pay monthly drafts on my account # _____ until further notice.

SIGNED: _____

DATE: _____

-For security reasons, we will only accept this form via mail, fax, or in person.-
Coleman County Electric Cooperative
PO Box 860
Coleman, TX 76834
(325) 625-2128
Toll free: 1(800) 560-2128
Fax: (325) 625-4600