



ID# BANK#

OFFICE HOURS: 8:00am to 5:00pm Monday-Friday
PO Box 753 • Hereford TX 79045-0753
Phone: (806) 364-1166
Fax: (806) 364-5481
Toll Free: (800) 687-8189
Visit: www.deafsmith.coop

AUTHORIZATION FOR BANK DRAFT PAYMENTS

MEMBER NAME AS SHOWN ON ELECTRIC BILL

BILLING ADDRESS CITY, STATE, ZIP CODE

ACCOUNT NUMBER AS SHOWN ON ELECTRIC BILL (ALL ACCOUNT NUMBERS LISTED HERE WILL BE ENROLLED IN BANK DRAFT)

NAME OF BANK

BANK CITY, STATE, ZIP CODE

BANK ROUTING NUMBER

BANK ACCOUNT NUMBER

ACCOUNT TYPE (Circle one)

Checking

Savings

NAMES(S) AS SHOWN ON BANK ACCOUNT

Authorization Agreement for Pre-Arranged Bank Draft Payment

I authorize Deaf Smith Electric Cooperative, Inc. to draw monthly bank drafts on my account shown above for payment of my monthly electric bill. I also understand that I must notify Deaf Smith Electric promptly upon receipt of my bill of any dispute regarding the amount of my bill.

I understand that Deaf Smith Electric may charge a processing fee if the draft is not paid by my bank due to insufficient funds or my account is closed. After (3) failed attempts at processing the draft, Deaf Smith Electric retains the right to terminate participation in the bank draft program. This authorization will be in effect until either party gives notice to the other of termination. I also understand that Deaf Smith Electric must receive my notice in time for it to have a reasonable time to be processed (this may take up to 1 full billing cycle, according to the time the authorization is received).

If bank information is changed or if you have any questions concerning your draft schedule date, please contact our office.

SIGNATURE

DATE

PLEASE ENCLOSE A VOIDED CHECK OR DEPOSIT SLIP