



**Automatic Bank Draft Authorization Form**

**Personal Information**

Utility Account Number(s)

Account Name

Mailing Address

City, State, Zip

Contact Phone Number

**Financial Information (attach a voided check)**

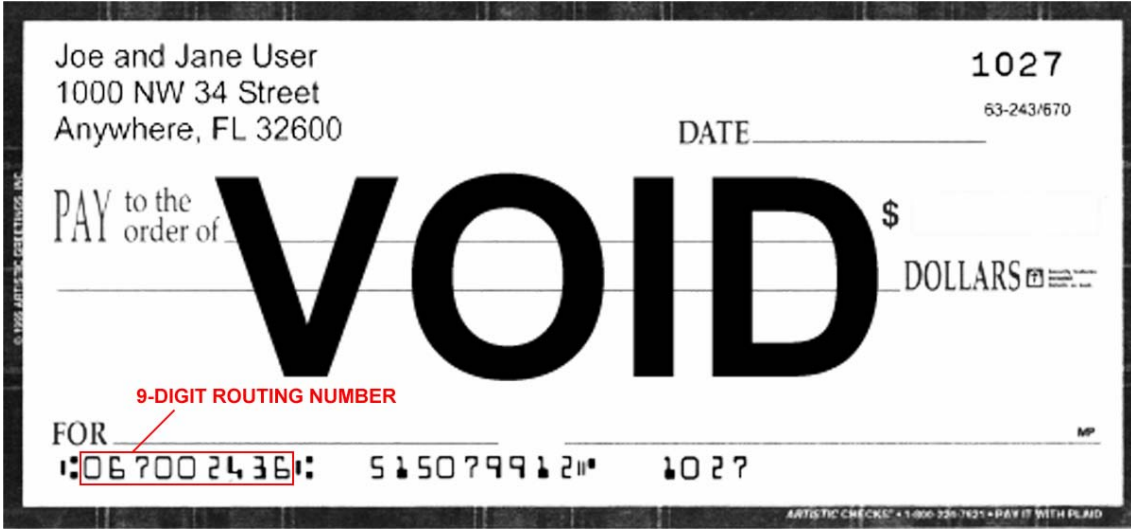
Name of Financial Institution

Bank Address

City, State, Zip

Checking Account Number

Bank Routing Number (first 9-digits at bottom of check)



**Please attach a  
 VOIDED CHECK  
 in this section.**

**Checking Accounts Only**

**Please Mail To:**

Member Services  
 Cullman EC  
 PO Box 1168  
 Cullman, AL 35056

**Please Fax To:**  
 256.737.3218

I hereby authorize Cullman Electric Cooperative to initiate debit entries to such account by funds transfer for payment of my monthly utility bill. This authority is to remain in full effect until I notify Cullman Electric Cooperative that I wish to end this agreement and Cullman Electric Cooperative has had reasonable time to act on it. I further understand that in the event my account has insufficient funds to cover the monthly payment amount drafted, or my monthly draft rejects due to account closed status, bank ownership changes, account changes, or for any other reason, my electric account will incur a "return check fee" up to the highest amount allowed by law in the State of Alabama. I attest I am an authorized owner of the Depository Account listed above, and am exercising my powers as such.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

MSR: \_\_\_\_\_

Penalty Exempt: \_\_\_\_\_

Date: \_\_\_\_\_