CANEY FORK ELECTRIC COOPERATIVE, INC. BANK DRAFT AGREEMENT

Name:		
Address:		
Home Phone:	Work or Cell Phone:	
Name of Bank:		
Name on Bank Accoun	t:	
(Checking Acct () Savings Acct ()	
Bank Account Number	:	
Bank Routing Number:	·	
Account Number(s) to	Be Paid:	
payment of the monthly electric bill paid by drafting I agree that CANEY FORK Eleand personally signed by merceived. If an adjustment is warrant bank account and the credit	thorize CANEY FORK ELECTRIC COOPERATIVE, INC. to automatically draft (debectric bill(s) as noted above. I understand that I will continue to receive a bill funds from a bank account will include the message "MEMORANDUM BILL ELECTRIC COOPERATIVE'S rights in respect to each draft shall be the same as if it. This authorization is to remain in effect until revoked by the member in we seed on the current month's bill, the adjustment may be applied after the fund it may appear on the next month's bill. When service is disconnected and final amount due on my account. LEVELIZED BILLING CUSTOMERS will be drafted to	each month. Each monthly DO NOT PAY". It were a check drawn on writing and until such notice as have been drawn from my al billed, my bank account
draft as if it were a returne and may result in the disco	uch draft is dishonored and returned to the cooperative, the cooperative shad check and all rules and regulations set by the cooperative for returned check nnection of electrical service. I understand that the cooperative reserved the tis dishonored and returned to the cooperative.	ck shall be used accordingly
Date:	Signed: Bank Depositor	
	Bank Depositor	