



Adams Electric Cooperative

700 East Wood, P.O. Box 247, Camp Point, IL 62320-0247 • (217) 593-7701 • Fax: (217) 593-7120 • www.adamselectric.coop

Automatic Bank Draft Authorization Form

NAME: _____
(As it appears on your electric bill)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME TELEPHONE NO: (____) _____

ADAMS ELECTRIC ACCOUNT NO(s): _____
(As it appears on your electric bill(s). If you have more than one account, include all account numbers you wish to register for Electronic Bank Drafting)

NAME CHECKING ACCOUNT IS IN: _____

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

CITY: _____ STATE: _____ ZIP: _____

I (We), authorize Adams Electric Cooperative to draw monthly bank drafts on my (our) bank, savings and loan, or credit union **checking** account for the payment of my (our) monthly electric bill(s) on the due date as printed on the monthly bill(s). This authorization is good until such time as I (we) discontinue participation in the plan by notifying an Adams Electric representative at least two weeks in advance by calling (217)593-7701 or toll-free 1-800-232-4797. I understand that Adams Electric reserves the right to limit participation in Electronic Bank Drafting to members whose accounts are in good standing. If there are insufficient funds to cover the monthly bank draft, Adams Electric will assess a \$25.00 charge, remove the account from the plan, and mail a notice of amount due.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

ATTACH VOIDED CHECK

Please bring this form and voided check to our office or mail both to: Adams Electric Cooperative Attention: Accounting, P.O. Box 247, Camp Point, IL 62320-0247. After you are enrolled, you will continue to receive a bill. Your bill will show the amount to be automatically drafted from your account on the 21st of each month or the business day before if the 21st falls on a holiday or weekend.

FOR OFFICE USE ONLY

TRANSIT/ABA NO: _____

CHECKING ACCOUNT NO: _____