

# 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). I (we) agree to a one year term, after which, I (we) may 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 21<sup>st</sup> of each month or the business day before if the 21<sup>st</sup> falls on a holiday or weekend.

Who referred you to the program? \_\_\_\_\_ (Only one referral name allowed.)