



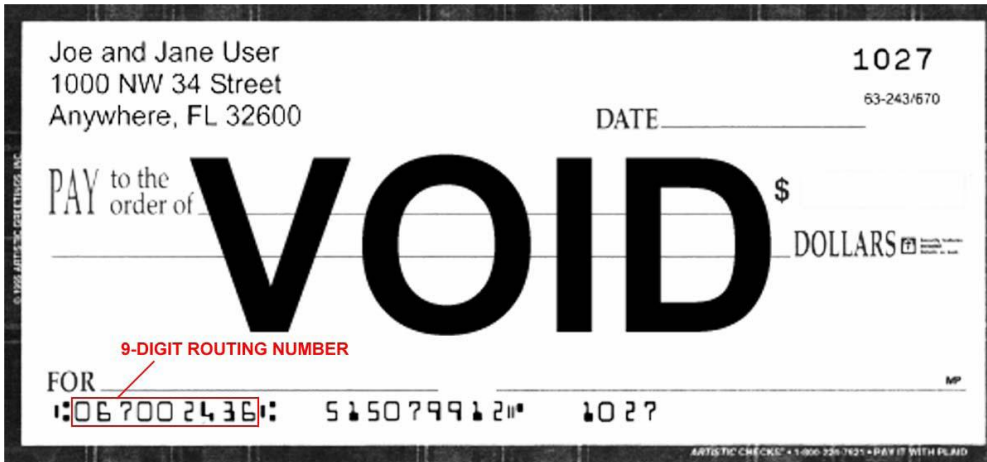
Egyptian Electric
Cooperative Association

Your Touchstone Energy® Cooperative 

AUTOMATIC BANK DRAFT AUTHORIZATION FORM

Personal Information	Financial Information	
Utility Account Number(s):	Name of Financial Institution:	
Name on Electric Acct:	Bank Address:	City, State, Zip:
Mailing Address:	Bank Phone Number:	
City, State, Zip:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Account Number:	
Contact Phone Number:	Bank Routing Number:	

This form must be received at a minimum of 3 business days before your current bill due date for the automatic bank draft to take effect. Otherwise, the automatic payments will start on your next monthly bill.



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

MAIL COMPLETED FORM TO:

Egyptian Electric Cooperative
Billing Coordinator
1732 Finney Road
Murphysboro, IL 62966

I hereby authorize Egyptian Electric Cooperative to initiate debit entries to such account by funds transfer for payment of my monthly utility bill on my bill's due date. This authority is to remain in full effect until I, or my bank, notify Egyptian Electric Cooperative that I/they wish to end this agreement and Egyptian 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 Illinois. I attest I am an authorized owner of the Depository Account listed above, and am exercising my powers as such.

Member Signature

Date

<i>Office Use Only</i>	
Entered by: _____	Date Entered: _____