

ATTACH A VOIDED CHECK

Office use only

Membership Listed

Certificate No.

Rt. and Acct. No.

BANK DRAFT AUTHORIZATION

Please Print

Name as shown on Bank Records

Checking Account No.

Name of Bank

Bank Number

Street Address of Bank

City and State

I hereby authorize the electric bill, as listed above, rendered by **Alcorn County Electric Power Association**, to be paid from my account as listed.

Depositor's Signature

Phone Number

Date