



Automatic Bank Draft Authorization Form

Personal Information

Utility Account Number(s) _____

Account Name _____

Mailing Address _____

City, State, Zip _____

Contact Phone Number _____

Financial Information (attach a voided check)

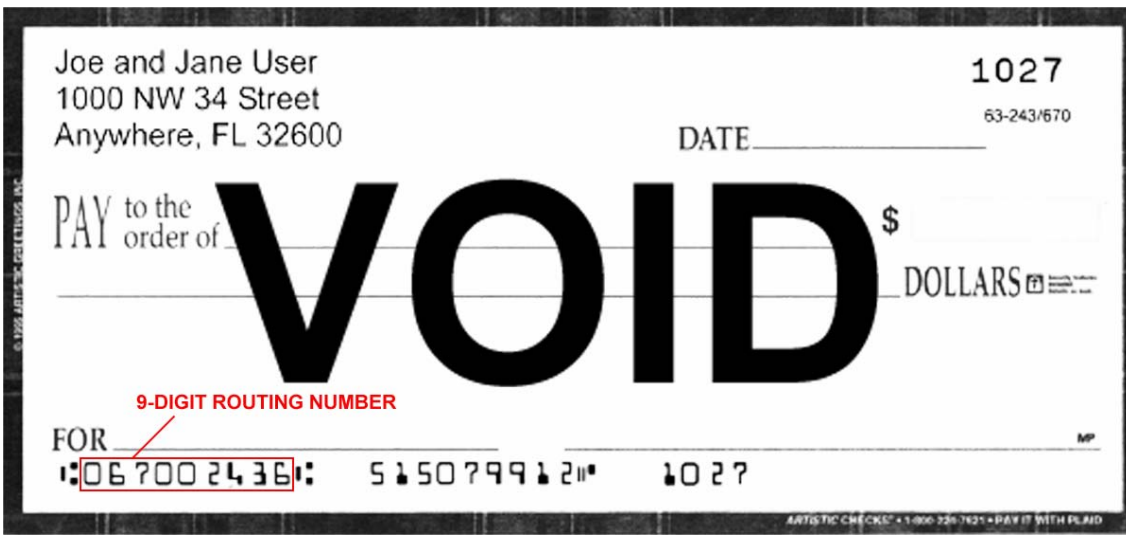
Name of Financial Institution _____

Bank Address _____

City, State, Zip _____

Checking Account Number _____

Bank Routing Number (first 9-digits at bottom of check) _____



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

Checking Accounts Only

Please Mail To:

Member Services
Cullman EC
PO Box 1168
Cullman, AL 35056

Please Fax To:
256.737.3218

I hereby authorize Cullman Electric Cooperative to initiate debit entries to such account by funds transfer for payment of my monthly utility bill. This authority is to remain in full effect until I notify Cullman Electric Cooperative that I wish to end this agreement and Cullman 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 Alabama. I attest I am an authorized owner of the Depository Account listed above, and am exercising my powers as such.

Signature

Date

For Office Use Only

MSR: _____

Penalty Exempt: _____

Date: _____