

Account No. \_\_\_\_\_



## BANK DRAFT APPLICATION

I hereby authorize Upper Cumberland Electric Membership Corporation to draft my bank account for the amount due on the monthly electric bill. I authorize my financial institution to debit the amount monthly from my checking account. Please mail application form to: UCEMC, PO Box 159, Carthage, TN 37030-0159. The Cooperative may terminate the agreement with any member for the member's violation of any Cooperative rules or regulation.

This authorization shall remain in effect until revoked by UCEMC or the Member.

**Please Print Clearly or Type**

### **ACCOUNT INFORMATION**

Member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **BANK INFORMATION**

Name as shown on bank statement: \_\_\_\_\_

Name and address of financial institution: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ or Savings Account Number: \_\_\_\_\_

Member's Signature Required \_\_\_\_\_

Authorized Bank Account Holder's Signature Required \_\_\_\_\_

**PLEASE ATTACHED VOIDED CHECK**

**Note: Notary statement required if not witnessed by a Cooperative employee**

State of \_\_\_\_\_ County of \_\_\_\_\_. On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared \_\_\_\_\_

to me known to be the person(s) who executed the foregoing instrument for the purpose therein contained. Witness my hand and official seal at

\_\_\_\_\_, the date foresaid.

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_

**OFFICE USE ONLY:** New  Remove  Add to Existing  Bank Change

Cycle: \_\_\_\_\_ Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_