

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

OFFICE USE ONLY: New Remove Add to Existing Bank Change

Cycle: _____ Employee Signature: _____ Date: _____