

For CEC Office Use Only: Acct. # _____ SO # _____



Cherokee Electric Cooperative

www.cherokee.coop

P.O. BOX 0 • 1550 CLARENCE CHESNUT BY-PASS • CENTRE, AL 35960
PHONE: 256-927-5524 • TOLL FREE: 1-800-952-2667 • FAX: 256-927-1642

AUTO BANK DRAFT

I do hereby agree to participate in Cherokee Electric Cooperative's Bank Draft Program. By signing this form, I authorize Cherokee Electric Cooperative to automatically withdraw the amount owed for electrical service each month from the provided bank account. I further understand that the amount owed is subject to be drafted before the actual due date. Withdrawal from this program will be granted at the member's request or if the cooperative receives two returned drafts from the members account. Each returned draft will incur a \$30 fee.

Cherokee Electric Account Name: _____

Signature: _____ Date: _____

Notes: _____

Date Added	By	CEC Account Number	Cycle	Draft Code

VOIDED CHECK OR BANK INFORMATION

Name of Bank: _____

Bank Account Name: _____

Bank Transit Number: _____

Bank Account Number: _____