



AUTOMATIC BANK DRAFT APPLICATION FORM

I hereby authorize Magic Valley Electric Cooperative, Inc. to draft my bank account for the amount due on my monthly electric bill. I authorize my financial institution to debit the amount monthly from my checking account.

This authorization is to remain in effect until revoked by MVEC member.

Member Name: _____

Account Number: _____

Mailing Address: _____

City, State & Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-MAIL: _____

BANK INFORMATION

Name as shown on bank statement: _____

Name and branch of financial institution: _____

Bank Routing Number: _____

Checking Account Number: _____

DEPOSITOR SIGNATURE

DATE

A VOIDED CHECK MUST ACCOMPANY THIS FORM

PLEASE ATTACH VOIDED CHECK HERE

OFFICE USE ONLY:

DATE ENTERED: _____ BILLING BOOK _____ CYCLE: _____ EASTERN / WESTERN ENTERED BY: _____