



# FRANKLIN ELECTRIC COOPERATIVE

www.fecoop.com

RUSSELLVILLE OFFICE: P O BOX 10 - 225 W FRANKLIN STREET - RUSSELLVILLE, AL 35653

PHONE: 256-332-2730 FAX: 256-332-2753

RED BAY OFFICE: P O BOX 386 - 904 4TH STREET NW - RED BAY, AL 35582

PHONE: 256-356-4413 FAX: 256-356-9709

Please fill in the information below, sign and return this form with a voided check from your checking account.  
If you have any questions, please contact our office at the numbers listed above.

## AUTOMATIC BANK DRAFT AUTHORIZATION FORM

*All information is required before processing.*

PERSONAL INFORMATION		FINANCIAL INFORMATION	
Name (Please Print)		Name of Financial Institution	
Service Address		Financial Institution Address	
City, State and Zip		Financial Institution City, State and Zip	
Telephone Number		Financial Institution Telephone Number	
		Routing Number <small>(First 9 Digits at bottom of check)</small>	Checking Account Number

Upon receipt of the completed authorization form, bank drafting of payments for the account(s) listed below will begin on the next billing statement. The words "PAID BY BANK DRAFT" will appear on your billing statement and the date of the draft could be up to 5 days before the due date listed on your electric bill.

I grant authority to *Franklin Electric Cooperative* to draft my account listed above for payment amounts due on the account(s) listed below. The financial institution listed above is authorized to pay such drafts when so drawn and presented for payment until authority is revoked.

\_\_\_\_\_  
Signature (as accepted by your Financial Institution)

\_\_\_\_\_  
Date

Please list below the Franklin Electric Cooperative account number(s) for each account you would like to be paid by bank draft:

**Franklin Electric Account Number(s)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT: PLEASE ATTACH A VOIDED PERSONALIZED CHECK**