

BANK DRAFT AUTHORIZATION AGREEMENT

Customer Name _____ CCED Account # _____

Address _____ Phone # _____

City _____ State _____ Zip _____

Name of Bank _____

Address of Bank _____

Bank Account Number _____

Bank Routing Number _____

I do hereby authorize the Carroll County Electric Department to initiate a bank draft monthly on the bank account listed above for payment of electrical service for the utility account listed. I understand this agreement shall remain in force until canceled by either party. Customers will be responsible for notifying CCED of any changes in bank account information.

Signature _____ Date _____

Please return this form with a voided check or proper bank account information to:

Carroll County Electrical Department
PO Box 527
Huntingdon, TN 38344