

## 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