



BANK DRAFT AUTHORIZATION FORM

DIRECTIONS: Please complete this bank draft authorization form and return along with a voided check from your bank.

MCEC ACCOUNT NAME: _____

SERVICE ADDRESS: _____

MCEC ACCOUNT NUMBER: _____

NAME OF BANK: _____

As a convenience to me, and in accordance with the following information, I hereby authorize Mid-Carolina Electric Cooperative to draw drafts against my account for payment of my electric bills. I further authorize the bank to pay these draws from my account. This draft is to remain in force until my intent to withdraw is given in writing to MidCarolina Electric Cooperative and the bank at least 30 days prior to the presentation of a draft or revoked by MidCarolina for two dishonored drafts within six months.

SIGNATURE ACCEPTED BY BANK CHECKING SAVINGS

DATE

TELEPHONE #: _____
HOME

WORK

List any additional MCEC account numbers that you want drafted from this bank account.

Your account will be drafted on or after your bill due date.

Note: A special message on your bill will notify you of the effective date your account will be drafted and the amount to be drafted. Please continue to pay your bill until you receive this special message.

***** A VOIDED CHECK MUST ACCOMPANY THIS FORM *****

PLEASE MAIL THIS FORM WITH YOUR VOIDED CHECK TO:

Mid-Carolina Electric Cooperative Member Services
P.O. BOX 669 LEXINGTON, SC 29071-0669