

CHOCTAW ELECTRIC

Cooperative



CHOCTAW ELECTRIC COOPERATIVE ELECTRONIC PAYMENT PLAN AUTHORIZATION

Name (as it appears on bill) _____

Choctaw Electric Account Number _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Name of Financial Institution _____

Routing Number _____ Checking or Savings Account Number _____

Institution Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

Name (s) as shown on bank agreement _____

I authorize Choctaw Electric Cooperative to begin monthly deduction for payment of my electric bill and for the financial institution named to pay each amount from my checking or savings account on the date shown on my bill. I understand that I may cancel this authorization by notifying Choctaw Electric Cooperative to remove my account from the Electronic Payment Plan and that Choctaw Electric Cooperative will have 30 days to change my billing. I understand that Choctaw Electric Cooperative reserves the right to terminate my participation in the Electronic Payment Plan.

**To ensure proper bank coding, please attach a VOIDED blank check.

Signature of Applicant _____ Date _____