

**Community Electric Cooperative
Application for E-Z Pay Program
(Bank Draft Payment)**

Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone # _____

CEC Electric Account Number(s) _____
(If multiple accounts, list all to be paid by bank draft)

Name of Bank _____ Bank Phone # _____

Name Bank Account is in _____

Bank Account # _____

(Enclose a voided check or a copy of a check)

I/we hereby authorize Community Electric Cooperative to draw monthly bank drafts on my/our bank account for the payment of my/our monthly electric bill(s). This authorization is good until such time as I/we discontinue participation in CEC's E-Z Pay Program by notification in writing to CEC's Member Services Department in such time as to afford CEC and the bank a reasonable opportunity to act on it. I/we understand that CEC reserves the right to limit participation to customers whose account(s) are in good standing. If your bank does not honor any monthly draft, a fee will be charged to your account in accordance with CEC's Terms and Conditions of Service.

SIGNATURE _____ DATE: _____

SIGNATURE _____ DATE: _____