



Ozark Electric Cooperative, Inc.

AUTHORIZATION FOR BANK DRAFT OF ELECTRIC BILL

Member's Name on Ozark Electric Account

Financial Institution Name

Member's Ozark Electric Account #

Financial Institution Account #

Member's Street/Road Address

Financial Institution Routing #

City / State / Zip Code

Member's Daytime Phone

Type of Account
Checking _____ Savings _____

I hereby authorize Ozark Electric Cooperative, Inc. to initiate monthly debits approximately 3-5 days before my bill due date, beginning next month and continuing each month thereafter, for payment of my electric service and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that both Ozark Electric Cooperative, Inc. and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by Ozark Electric Cooperative, Inc., my financial institution, or myself in writing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States law.

Date

Signed

This form of payment for your account is optional. If you would like to sign up for this payment plan, fill out the above portion and return it to our office along with a voided check.

For savings accounts, please provide a copy of a statement to verify account numbers