



Electric Board Of Guntersville

Automatic Bank Draft Authorization Form

Personal Information

Financial Information (attach a voided check)

Utility Account Number(s) _____

Name of Financial Institution _____

Account Name _____

Bank Address _____

Mailing Address _____

City, State, Zip _____

City, State, Zip _____

Checking Account Number _____

Contact Phone Number _____

Bank Routing Number (first 9-digits at bottom of check) _____

Joe and Jane User
1000 NW 1st St.
Anywhere, AL 35900

DATE _____ 1000

PAY to the order of VOID \$ _____
DOLLARS

FOR 9-DIGIT ROUTING NUMBER

067002436 515079912 1000

Please attach a
VOIDED CHECK
in this section

Checking Accounts Only

Please Mail To:

Electric Board of Guntersville
PO Box 45
Guntersville, AL 35976

Please Fax To:
256.582.5929

I hereby authorize Electric Board of Guntersville to initiate debit entries to such account by funds transfer for payment of my monthly utility bill. This authority is to remain in full effect until I notify Electric Board of Guntersville that I wish to end this agreement and Electric Board of Guntersville has had reasonable time to act on it. I further understand that in the event my account has insufficient funds to cover the monthly payment amount drafted, or my monthly draft rejects due to account closed status, bank ownership changes, account changes, or for any other reason, my electric account will incur a "return check fee" up to the highest amount allowed by law in the State of Alabama. I attest I am an authorized owner of the Depository Account listed above, and am exercising my powers as such.

Signature

Date

For Office Use Only

MSR: _____

Penalty Exempt: _____

Date: _____