

BANK DRAFTS

**Quick, Simple, &
Convenient...**



Ozark Electric Cooperative, Inc.

Authorization for Bank Draft Payment of Electric Bill

***ATTACH VOIDED CHECK**

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

****Type of Account:**

Member's daytime phone

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. I further authorize the financial institution specified by me above to pay the amount from my checking or savings account as selected above. 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.

Members' signature

Date

This form of payment is optional. If you would like to sign up for this bank draft payment plan: (1) Fill out this form, (2) *Attach a voided check, and (3) Mail to: Ozark Electric Cooperative, Inc., P.O. Box 420, Mt. Vernon, MO 65712.

*****For checking and savings accounts, please provide a copy of a statement to verify account numbers.***