

DIRECT BILL PAYMENT AUTHORIZATION

Complete and return this form to AEC, P.O. Box 39, Cherokee, OK 73728
For additional information call Alfalfa Electric at 1-888-736-3837.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____) _____

AEC ACCOUNT NUMBER (S)

_____	_____
_____	_____
_____	_____

FINANCIAL INSTITUTION: _____

(Bank Name)

ROUTING NUMBER: _____

CITY, STATE, ZIP: _____

BANKING ACCOUNT NUMBER: _____

Checking Account

Personal

Savings Account

Business

IMPORTANT: Please return or include a voided check with this form to ensure accurate processing. This form must be turned in *before* a billing cycle in order for the next bill to be drafted. If it is turned in after a billing cycle, it will not draft until the following cycle.

I authorize you to charge my checking/savings account monthly in the amount of my monthly bill and to make that deduction payable to Alfalfa Electric Cooperative, Inc. In making this authorization, I agree to the Terms and Conditions of Authorization.

DATE: _____ SIGNATURE: _____