

Yes, I would like to participate in the Bank Draft program.

Please fill out the appropriate form and mail to your local district office.

Name of Bank and Branch _____

Address of Bank _____

Name from Edisto Electric Bill _____

Address from Edisto Electric Bill _____

BANK DRAFT AUTHORIZATION CONSUMER'S BANK INFORMATION

Account # _____

ABA/Transit# _____

(Please attach a voided personal check)

REQUIRED

I hereby give authority to Edisto Electric Cooperative, Inc to debit against my account in payment of my Edisto Electric Cooperative Inc. bills, until this authority is revoked in writing and received by Edisto Electric at least 10 working days prior to a presentation of a debit. The bank is authorized to pay these debits when so drawn and presented for payment and to charge the same to my account.

Your Signature as Accepted by Bank _____