



BANK DRAFT AUTHORIZATION

(Please Print)

The following must be obtained from Consumer's check

Your name as shown on Bank Records

Transit Account No.

Checking Account No.

Name of Bank and Branch, if applicable

Street Address of Bank

City

State

Zip Code

I hereby authorize my utility bills to be paid by my bank

Depositor's Signature

Date

Holston Electric Cooperative Account No.

Telephone Number