

DIRECT PAYMENT AUTHORIZATION
Automatic Bank Draft

I authorize **Mississippi County Electric Cooperative, Inc.** to instruct my bank to deduct the amount due for my electric bill from my account. I also understand I may discontinue this authorization at any time by giving written notice to Mississippi County Electric Cooperative, Inc. I realize that this information will be used solely for the purpose of Direct Payment of my electric bill.

Name (as appears on electric bill)

Account number of bill (please list all accounts you want for Direct Payment)

Type of bank account payment is to be withdrawn from (please "x" appropriate line):

Checking____ Savings _____

Signature (as it appears on bank account)

Date

****BE SURE TO ATTACH A VOIDED CHECK****

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| Office use only: NISC keyed _____ |
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