



AUTO PAY DRAFT ENROLLMENT FORM

_____ **Yes**, I would like to apply for the Draft Program.
(Please complete information below)

Name of Bank and Branch

Name as shown on your Bank Account

Account Number from your Electric Bill

Address where you receive service

Name from your Electric Bill

E-mail Address

Home Number Mobile Number Business Number

I hereby give authority to Palmetto Electric Cooperative, Inc. to draw drafts against my account in payment of my Palmetto Electric Cooperative, Inc. bills, until this authority is revoked in writing and received by the above named bank at least 10 working days prior to a presentation of a draft. The bank is authorized to pay these drafts when so drawn and presented for payment and to charge the same to my account. I further agree to also notify Palmetto Electric Cooperative, Inc. in writing if I withdraw this authority.

Signature as accepted by your Bank

Date

Return Form with a
VOIDED CHECK to:

Palmetto Electric Cooperative, Inc.
Attn: Nancy Stanley
P O Box 820
Ridgeland, SC 29936
(843) 726-5551
FAX: (843) 726-5632