

BANK DRAFT AUTHORIZATION

In order for West Florida Electric Cooperative (WFEC) to accept and draft your bank account on a reoccurring basis, please complete this form and return it with a voided check. Each Bank Draft Authorization form and voided check must be mailed to the address provided in its own envelope or returned to a cashier in the Graceville office.

Attn: Supervisor of Billing
West Florida Electric Cooperative
P.O. Box 127
Graceville, FL 32440

WFEC ACCOUNT INFORMATION

WFEC Account Number(s): _____

Name(s) listed on bill: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Cell: _____

Other Daytime: _____

Email Address: _____

AUTHORIZATION

I hereby authorize WFEC to automatically debit my monthly electric payment(s) from the bank account information provided. If the billing date falls on a weekend or holiday, I understand that the payment(s) will be executed prior to the due date. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify WFEC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next due date. I further understand and agree that if my draft is rejected for Non-Sufficient Funds (NSF), WFEC may charge an additional \$35 fee. I also understand that I will continue to receive a copy of my billing statement(s) each month as a reference and agree that I will contact WFEC directly concerning any billing disputes or questions. I certify that I am an authorized legal user on this bank account and that I am legally authorized to enter into this reoccurring billing agreement with WFEC.

Authorized Signature

Printed Name

Date

PLEASE CONTINUE TO MAKE YOUR PAYMENTS UNTIL YOU SEE "TO BE PAID BY DRAFT" ON YOUR BILLING STATEMENT

BANK INFORMATION

NAME(S) ON ACCOUNT: _____

NAME OF BANK: _____ BANK CITY, STATE: _____

ROUTING #: _____

ACCOUNT #: _____



*WFEC will only retain Bank Account Information until the authorization process has been completed.
If there are issues with processing a payment, you may be contacted by a WFEC representative.*

A voided check must be included with this form

****All fields must be completed by an authorized user to activate the reoccurring authorization****