



Magic Valley Electric Cooperative, Inc.

BANK DRAFT



Bank Authorization

I hereby authorize Magic Valley Electric Cooperative, Inc. To draft my bank account for the amount due on my monthly electric bill. I authorize my financial institution (indicated below) to debit the amount monthly from my account until such time as I may revoke this order.

Customer Information

Name on Account: _____
Account Number: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: Home: _____ Work: _____
Cellular: _____

Bank Information

Financial Institution: _____
Mailing Address: _____
City: _____ State: _____ ZipCode: _____
Telephone Number: _____

Bank Account # (all numbers from left to right) _____
Signature as Accepted by Bank _____

Signature: _____ Date: _____

CSR: _____ Date: _____

Be sure to include a voided check

Please mail to: MagicValley Electric Cooperative, Inc.

P.O. Box 267

Mercedes, TX 78570