



**HILCO ELECTRIC COOPERATIVE, INC.
CONSUMER DRAFT AUTHORIZATION FORM**

Name(s): _____
(As it appears on your electric bill)

Home Phone: () _____ Business Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number(s) to be Paid by Draft: _____

Bank or Savings and Loan Name: _____

City: _____ State: _____ Zip: _____

Name(s): _____

(As it appears on your Bank or Savings and Loan account)

Checking or Savings **Account** Number: _____

Checking or Savings **Routing** Number: _____

I authorize the Bank or Savings and Loan named above to pay my monthly HILCO Electric Cooperative electric bill and to deduct each payment from my checking/savings account. **I understand that payment will be deducted from my bank account on the Monday prior to the due date shown on the bill.** If the Monday prior to the due date falls on a holiday, my bank account will be drafted the next business day. This authority is to remain in effect until revoked by me in writing. I agree that each payment shall be the same as a check personally signed by me. I have the right to stop payment of a charge by timely notification to my Bank or Savings and Loan and HILCO Electric Cooperative, Inc. reserves the right to terminate this draft service (or my participation therein).

This form must be signed and returned to HILCO a minimum of 15 days prior to the next bill due date in order for the draft to be effective for the current bill. If it is received less than 15 days prior to the current bill due date, the draft will not be effective until the next month's bill due date.

SIGNATURE: _____ Date: _____

Please sign and include this form with your check payment, or attach a voided personal check

Mail to: HILCO Electric Cooperative, Inc.
Attention: Consumer Drafts
P.O. Box 127, Itasca, TX 76055-0127

ATTACH VOIDED CHECK HERE

HILCO OFFICE USE ONLY

Completed By _____

Date: _____