

Choptank Electric Cooperative, Inc. Bank Draft Authorization Form



NAME (please print): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME TELEPHONE NUMBER: (_____) _____

CHOPTANK ACCOUNT NUMBER(S): _____

(If you have more than one account, include all account numbers you wish to register for BDA)

NAME ON BANK ACCOUNT: _____

NAME OF BANK, SAVINGS & LOAN, OR CREDIT UNION: _____

CHECKING ACCOUNT NUMBER: _____

(Please give checking account number and enclose a voided check, previously canceled check, or copy of a check from your checking account.)

I, (please print) _____ authorize Choptank Electric Cooperative to draw monthly bank drafts from my bank, savings and loan, or credit union checking account for the payment of my monthly electric bills. This authorization is good until such time as I discontinue my participation in Choptank's BDA program by notifying the Choptank Electric Cooperative in writing. In emergency situations, I may also temporarily suspend my participation in the program. I understand that Choptank Electric reserves the right to limit participation in BDA to members whose accounts are in good standing.

If any deduction is not honored by your bank, all bills are in the same status as if no bill had been paid. The Cooperative will proceed as if the BDA were not in effect. You may continue the BDA by paying the unpaid bill as explained in the notice given by the Cooperative. If the program is continued and a second deduction is not honored, the Cooperative has the right to discontinue the BDA.

Bring the form to a local office, mail form and check to Choptank Electric Cooperative, Attn.: Member Service Center, P.O. Box 430 , Denton, MD 21629, fax the form to 410-479-5594, or by email to z_info@choptankelectric.com.

Signature: _____ Date: _____