



**Northern Neck
Electric Cooperative**
A Touchstone Energy® Cooperative

Automatic Bank Draft

Automatic Bank Draft payment allows you to pay your electric bills automatically each month, without having to write a check. It saves you time, it's convenient, and it's free. It's easy to sign up and you no longer need to worry about missing a payment, writing a check, or paying postage.

With your authorization, we will inform your bank or credit union of the amount due each month and they will automatically deduct that amount from your account. You will still receive a monthly statement from us showing your current electricity use and other charges.

There is no charge for this service and your account information is protected and secure. It is available to all members including those who are signed up for Levelized Billing. You will continue to receive your electric bill each month and your payment will be deducted automatically from your checking, savings, or credit union account. Your next month's bill from Northern Neck Electric Cooperative and your monthly statement from your bank or credit union will indicate your payment.

You can activate **Automatic Bank Draft** payment by completing the authorization below and returning it to Northern Neck Electric Cooperative with a voided check.

Northern Neck Electric Cooperative Automatic Bank Draft Payment Authorization Form

CUSTOMER INFORMATION

Name _____ Account No. _____
 Address _____ Social Security No. _____
 City _____ State _____ Zip _____ Home Tel. No. () _____
 E-mail _____ Work Tel. No. () _____

BANK OR CREDIT UNION INFORMATION (Please attach a voided check.)

Bank or Credit Union Name _____
 Branch _____ Account No. _____
 Address _____ Account is a _____ Checking _____ Savings
 City _____ State _____ Zip _____ Bank Tel. No. () _____
(Required)

AUTHORIZATION

I authorize Northern Neck Electric Cooperative to deduct my payments(s) for my monthly electric bill from the account listed above. I understand that I control my payments, and I will notify the Cooperative if at any time I decide that I would like to discontinue this payment service.

DATE: _____ **SIGNATURE:** _____

This institution is an equal opportunity provider and employer.