

## 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**

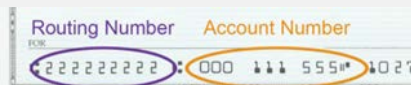
### BANK INFORMATION

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\*\***