

**Community Electric Cooperative  
Application for E-Z Pay Program  
(Bank Draft Payment)**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

CEC Electric Account Number(s) \_\_\_\_\_  
*(If multiple accounts, list all to be paid by bank draft)*

Name of Bank \_\_\_\_\_ Bank Phone # \_\_\_\_\_

Name Bank Account is in \_\_\_\_\_

Bank Account # \_\_\_\_\_

(Enclose a voided check or a copy of a check)

*I/we hereby authorize Community Electric Cooperative to draw monthly bank drafts on my/our bank account for the payment of my/our monthly electric bill(s). This authorization is good until such time as I/we discontinue participation in CEC's E-Z Pay Program by notification in writing to CEC's Member Services Department in such time as to afford CEC and the bank a reasonable opportunity to act on it. I/we understand that CEC reserves the right to limit participation to customers whose account(s) are in good standing. If your bank does not honor any monthly draft, a fee will be charged to your account in accordance with CEC's Terms and Conditions of Service.*

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_