
Carroll White REMC Authorization Form for Automated Check Draft

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ REMC Account Number: _____

Name of Bank: _____ Bank Acct. #: _____ (Checking ____ or Savings ____)

I authorize Carroll White REMC to initiate debit entries on my bank account shown above for the payment of my monthly electric bill, and if necessary any adjustments for transactions credited or debited in error. I understand that I can discontinue my participation in this Check Draft by notifying the REMC in writing. Both the REMC and the bank also may terminate this agreement within ten (10) days written notice. I understand that the REMC reserves the right to limit participation in Check Draft to customers whose accounts are in good standing.

Signature: _____ Date: _____

Please attach a voided check. Your bill will indicate the payment amount as well as when your payment will be made automatically by displaying the message, "DRAFT SCHEDULED MM/YY." Please allow two billing periods for the plan to be implemented.