

BANK DRAFT AUTHORIZATION

SHELBY ENERGY ACCOUNT NUMBER

NAME AS SHOWN ON YOUR BANK RECORDS

DAYTIME PHONE NUMBER

CHECKING ACCOUNT NUMBER

NAME OF BANK AND/OR BRANCH

ADDRESS OF BANK

ADDRESS OF BANK

BANK ROUTING NUMBER

I certify that sufficient funds will be maintained to cover these drafts.
I hereby authorize my electric bills to be paid by my bank.

CUSTOMER SIGNATURE

DATE

Please sign, date and return this form, along with a voided check, to the address below.
Thank You.

Shelby Energy Cooperative, 620 Old Finchville Rd., Shelbyville, KY 40065