

**SouthEastern Illinois Electric Cooperative, Inc.**

**AUTOMATIC DRAFT SERVICE AUTHORIZATION FORM**

**Date:** \_\_\_\_\_

**SEIEC Account #(s):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Bank Draft:**

**Financial Institution:** \_\_\_\_\_

**Routing #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Savings**

**Checking (Include a Voided Check)**

**Credit Card Draft:**

**Account #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Visa**

**MasterCard**

**Discover**

I hereby authorize SouthEastern Illinois Electric Cooperative, Inc. to debit my account in payment of electric service at the accounts listed above. This authorization may be terminated up to four working days before the bank draft payment date, upon the request of either party. I understand that my account will be drafted monthly until I notify SouthEastern Illinois Electric in writing that I wish to terminate using the Automatic Draft Service. I understand that it is my responsibility to notify SEIEC of any changes to my banking or credit card account including, but not limited to the expiration date, closed account, etc. prior to the next scheduled draft transaction date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Print, complete, and mail this form to:**  
**SouthEastern Illinois Electric Cooperative, Inc.**  
**PO Box 1001**  
**Carrier Mills, IL 62917**

**Office Use Only:** Month \_\_\_\_\_ Cycle \_\_\_\_\_