
BANK DRAFT AUTHORIZATION- MONTHLY AUTO-PAY (must include a copy of voided check for verification)

Depositor's Name _____ Checking Account No. _____

Name of Bank _____ Bank Identification No. _____

Bank Address _____ Bank Phone No. _____

I HEREBY AUTHORIZE MY ELECTRIC BILLS TO BE PAID MONTHLY BY MY BANK

Date _____ Bank Signature of Depositor _____

Phone No. _____ WKRECC Acct No. _____ Soc Sec. No. _____

My payment will be drafted from the above account monthly on the due date. It will not be necessary for WKRECC or anyone employed by it to sign such drafts or checks, and I agree that your rights in respect to each such draft or check shall be the same as if issued and signed personally by me. I further agree that you shall be under no obligation to furnish me with any special advice or notice in writing or otherwise or the presentment or payment of any such draft or check or the charging of the same to my account. This authorization is to remain in effect until revoked by me, and until you actually receive such notice I agree that you shall be fully protected in honoring any such draft or check.
