

AUTHORIZATION FOR BANK DRAFT

This will authorize _____
to pay drafts drawn on my account by Wise Electric Cooperative, Inc. in payment for
services rendered on Account ID Number _____

Your Bank Account Number

Your Name as Carried on Your Bank Account

Signature

Date

If you would like your bill drafted each month from your bank account, fill out this form and return it to us with a voided check. Each month you will receive the bill as usual, but it will show "Drafted" in the body of your bill. The service is provided free of charge for your convenience by Wise Electric Coop, P.O. Box 269 Decatur TX 76234