



Date \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

We appreciate your interest in the draft program. This service provides a convenient way for your electric bill to be paid each month without writing a check and paying postage.

You may select **any** of the dates shown below for your Draft Date. In order for your bill to be mailed approximately 10 days before your selected Draft date, the Billing Date and Past Due Date on your account may change. Please circle the Draft Date that you wish to have your draft submitted to our bank.

**Draft Date:** 1<sup>st</sup> 4<sup>th</sup> 7<sup>th</sup> 10<sup>th</sup> 13<sup>th</sup> 16<sup>th</sup> 19<sup>th</sup> 22<sup>nd</sup> 25<sup>th</sup> 28<sup>th</sup>

Please read the authorization below and complete the "First Draft Date".

**Authorization to Draft Bank Account**

As a convenience to me, I hereby request and authorize Okefenoke REMC to submit drafts or electronic debits to be drawn against my bank account payable to Okefenoke REMC, Nahunta, GA to be credited to the account name and account number shown above. I agree that your rights in respect to each such draft or electronic debit shall be the same as if it were a check personally signed by me. This authorization is to remain in effect until revoked by me in writing, and until Okefenoke REMC receives such notice, I agree that Okefenoke REMC shall have no liability in submitting any such draft or electronic debit.

I further agree that if any such draft or electronic debit is dishonored whether with or without cause and whether intentionally or inadvertently, Okefenoke REMC shall have no liability whatsoever. I further agree to pay any charges levied on my account by Okefenoke REMC for any draft or electronic debit returned due to insufficient, unavailable or uncollected funds, stop payment or closed account.

First Draft Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature on Bank Account

\_\_\_\_\_  
Signature of Member, Spouse or A/U  
(If different from bank account)

Return this letter and a voided check (not a deposit slip) from the bank account you want us to draft.

RETURN TO:  
OREMC  
ATTN: MEMBER SERVICES  
PO BOX 602  
NAHUNTA, GA 31553