

**AUTOMATIC PAYMENT PLAN
AUTHORIZATION FORM**

Name: _____ Address: _____

City: _____ State: Zip: _____

Phone: _____ KEC Account #: _____ Cycle:

Name of Bank: _____ Address:

City: State: Zip:

Checking Account Number: _____

Please attach a check marked "VOID". (Counter or temporary checks cannot be accepted) Your bill will indicate when your payment will be made automatically by displaying the message; **"DRAFT SCHEDULE"** and the **DATE** the account will be drafted.

I, (please print) _____, authorize Kiamichi Electric Cooperative, Inc. (KEC) to draw monthly bank drafts on my bank account shown above for the payment of my monthly electric bill. I understand I can discontinue my participation in this service by notifying KEC in writing. Both KEC and the bank may also terminate this agreement with a ten (10) day written notice. I understand KEC reserves the right to limit participation in bank drafting to customers whose accounts are in good standing.

SIGNATURE: _____ DATE: _____