

Prince George Electric Cooperative
Application for Bank Draft Payment

Name _____

Mailing Address _____

PGEC Electric Account Number(s) _____

(IF MULTIPLE ACCOUNTS, LIST ALL TO BE PAID BY BANK DRAFT)

Name of Bank _____ Bank Phone # _____

Name Bank Account is in _____

Bank Acct # _____ Checking _____ Savings _____

(PLEASE ENCLOSE A VOIDED CHECK)

I/we _____ authorize Prince George Electric Cooperative (PGEC) to draw monthly bank drafts on my/our bank checking account for the payment of my/our monthly electric bill(s). This authorization is good until such time as I/we discontinue participation in PGEC's BDP program by notification in writing to PGEC's Customer Service Department in such time and such manner as to afford PGEC and BANK a reasonable opportunity to act on it. I/we understand PGEC reserves the right to limit participation to members whose account(s) are in good standing. If the bank does not honor the bank draft, the amount plus a fee of \$20.00 will be charged to the account.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Return form and voided check to: Prince George Electric Cooperative
P. O. Box 2200
Prince George, Va. 23875