

**CHOCTAW ELECTRIC COOPERATIVE ELECTRONIC PAYMENT PLAN
AUTHORIZATION**

Name (as it appears on bill) _____

Member account Number (on bill) _____

Address _____

E-mail address _____

Contact Number _____

Home Phone _____

City _____ State _____
Zip _____

Name of Financial Institution _____

Checking or Savings Account Number _____

Institution Mailing Address _____

Phone Number _____

City _____ State _____ Zip _____

Name (s) as shown on bank account _____

I authorize Choctaw Electric Cooperative to begin monthly deductions for payment of my electric bill and for the financial institution named to pay each amount from my checking or savings account on the date shown on my bill. I understand that I may cancel this authorization by notifying Choctaw Electric Cooperative to remove my account from the electronic Payment Plan and that Choctaw Electric Cooperative reserves the right to terminate my participation in the electronic Payment Plan.

Signature of Applicant _____

Date _____

To ensure proper bank coding, please attach a VOIDED bank check.