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Automatic Bank Draft Form

I, _____, (checking/savings account holder) authorize my bank to make monthly payments to Firelands Electric Cooperative and post them to my electric account. My bank account will be charged each billing cycle for the total amount due on my account for that billing period. Payments will be drafted from my bank account on the 14th of each month. If the 14th falls on a weekend or holiday, payments may be drafted on the next business day, but they will never be done before the 14th.

NAME: _____

MAILING ADDRESS: _____

SERVICE ADDRESS: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL: _____

FIRELANDS ACCOUNT #: _____ LINE LOCATION: _____

I understand that if at any time I decide to discontinue the Automatic Bank Draft payment plan, I must notify Firelands Electric Cooperative. I understand that this agreement can be terminated by either party at any time.

SIGNATURE: _____ DATE: _____

BANK NAME: _____ BRANCH: _____

Please attach a voided check below, showing your name and checking/savings account number.