

DONIPHAN ELECTRIC COOPERATIVE ASSOCIATION, INC.  
P O BOX 699 / 530 W JONES ST  
TROY, KANSAS 66087  
785-985-3523 • 800-699-0810

**ELECTRONIC DEBIT AUTHORIZATION OF MONTHLY ELECTRIC BILL**

I/ we authorize Doniphan Electric Cooperative and the bank named below to electronically deduct the amount of my monthly electric bill from the account identified below.

Account Number(s): (as shown on your Doniphan Electric bill)

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Name: (As shown on your Doniphan Electric bill)

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Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Account Number to be Debited: \_\_\_\_\_

(Attach voided check to form)

Signature: \_\_\_\_\_

(Must be an authorized signer for the bank account listed above)

Date: \_\_\_\_\_

This authorization will remain in effect until revoked by customer, bank, or Doniphan Electric Cooperative.

Attach voided check here