



Electronic Debit Authorization of Monthly Electric Bill

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

PLEASE PRINT OR TYPE

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

Name: As shown on your Doniphan Electric bill

Mailing address: _____

City, State, Zip: _____

Phone Number: _____

Bank Name: _____

Bank Address: _____

Bank Account number to be debited: _____

Signature: _____

Date: _____

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

Attach voided check below