



Mail Address: 2000 IH-30 East, Greenville, TX 75402

Email: MemberCare@FarmersElectric.coop

Office: 903-455-1715 or 800-541-2662

Fax: 903-453-0784

Bank Draft Auto Pay Authorization Form

You can also sign-up quickly and easily at SmartHub, your online account management tool.

Click the "Pay My Bill" link at the top of our homepage at www.farmerselectric.coop.

Yes! I want to participate in Free Bank Draft. I authorize Farmers Electric Cooperative to bank draft my checking account monthly for payment of my electric bill(s). I understand that my bank account will be drafted on the due date stated on my bill and that I will continue to receive my usual monthly bill. I understand that I can stop my participation by notifying Member Care at least four (4) working days before the due date on my electric bill. I understand that if a payment is declined or returned, additional fees will apply.

Please complete the following information, attach a voided check (no deposit slips please) and return this form to the Cooperative by email, fax or mail. If you need assistance, please contact Member Care.

Your Electric Account Number: _____

Name of Bank: _____

Primary Name on Bank Account: _____

Bank Account Number: _____

Printed Name as it Appears on Your Electric Bill: _____

Signature (Required): _____ Date: _____

Please continue to pay your electric bill until the Auto Pay enrollment is established and a message appears on your bill stating "DRAFT THIS AMOUNT BY <Date>."

Office Use Only: Cycle: _____