



EMAIL FORM TO:  
E: MemberCare@FarmersElectric.coop

MAIL FORM TO:  
MemberCare  
Farmers Electric Cooperative  
2000 Interstate 30 East  
Greenville, TX 75402

# BANK DRAFT AUTO PAY AUTHORIZATION FORM

**DIRECTIONS:** SAVE APPLICATION TO YOUR COMPUTER TO EDIT OR PRINT. PLEASE COMPLETE THE APPLICATION AND VERIFY ALL INFORMATION IS CORRECT. RETURN FORM BY EMAIL OR MAIL TO THE ADDRESS ABOVE. IF YOU NEED ASSISTANCE, PLEASE CONTACT MEMBER CARE.

APPLICATION IS NOT COMPLETE WITHOUT EACH OF THE FOLLOWING. INDICATE WITH A CHECK MARK FOR COMPLETION.

**Verified all information is correct.**

**Voided check attached** (no deposit slips please)

**SIGN UP ONLINE:** You can also sign-up for bank draft auto pay quickly and easily with SmartHub, our online account management tool. Go to FarmersElectric.coop and click on SmartHub Login in the navigation menu.

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.

Farmers EC Account No.

Name as it Appears on Your Electric Bill:

Bank Account No.

Name of Bank:

Primary Name on Bank Account:

Signature:

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: