



CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Scottsboro Electric Power Board (SEPB) to initiate entries to my (our) checkings/savings accounts at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiates adjustments for any transactions credited/debited in error. This authority will remain in effect until I/SEPB is notified by me (us) in writing to cancel it in such time as to afford SEPB and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PLEASE PRINT

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Signature) (Today's Date)

(Name as it appears on SEPB account)

(Address)

(Phone Number) 1. SEPB Customer Account Number

2.

3.

Financial Institution Routing Number:

Checking/Savings (circle account type) Account Number:

These numbers are located on the bottom of your check as follows:

Routing Number Account Number

- Change Bank Account Information
Start New Draft
Cancel Bank Draft

OFFICE USE ONLY
WORK:
WORK: